N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 22 1932

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

21917

1. PLACE OF DEATH

County: Benton — Registration District No.: 59

Township: ~~Williams~~ — Primary Registration District No.: 4034

City: Cole Camp (No. ..., ..., St. ..., Ward)

File No.:

Registered No.: 5918

2. FULL NAME: Henry W Balke

(a) Residence, No. ..., St., ..., Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-5-1865

7. AGE: 67 YEARS 1 MONTHS 0 DAYS — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: H P Balke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Anna Ficken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs George Ficken, Cole Camp Mo R F D

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Balke Prairie DATE: 7-7-32, 19

19. UNDERTAKER (ADDRESS): E L Eickhoff, Cole Camp Mo

20. FILED: 8-1-, 1932 Harry Bay, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-5-1932, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to July 5, 1932, Last saw h. alive on 7-5-, 1932. Death is said to have occurred on the date stated above, at 1:15 A M

The principal cause of death and related causes of importance were as follows:

Lymphotic Anemia (Hodgkins disease) — Date of onset

728 ~~789~~

Other contributory causes of importance:

Name of operation: none — Date of: ✓

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury: ✓, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: ✓

Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) J. L. Feder, M. D.

(Address) Cole Camp, Mo