

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

Do not use this space.

28229

1. PLACE OF DEATH
103 County Stoddard Registration District No. 840
Township Queen Creek Primary Registration District No. 6102
City Puxico, Mo (No. _____) St. _____ Ward _____

2. FULL NAME Balmy Oliver
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>2</u>	<u>22</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Puxico, Mo

FATHER

13. NAME Ernest Adel Kelsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont-Know Ill

MOTHER

15. MAIDEN NAME Minerva Goforth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont-Know

17. INFORMANT Geo Kirk
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE Aug 7, 1932

19. UNDERTAKER Hickman Whitehead
(ADDRESS) Puxico, Mo

20. FILED Aug 6, 1932 G. L. Hope
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Aug 6, 1932
I last saw him/her alive on Aug 6, 1932 Death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:
Epileptic Epilepsy Date of onset _____

Other contributory causes of importance: (1)

9. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) G. P. Johnson, M. D.
(Address) Puxico, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 27 1932

