

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

Do not use this space.

8812

APR 25 1934

**1. PLACE OF DEATH**

County JACKSON Registration District No. 332  
Township RAW Primary Registration District No. 332  
City KANSAS CITY (No. 4028-VIRGINIA)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. 25 Ward 981

**2. FULL NAME** JOHN S. BALTZELL

(a) Residence, No. 4028-VIRGINIA St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-12-1860

7. AGE YEARS 73 MONTHS 7 DAYS 28 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) GRAND TOWER (STATE OR COUNTRY) ILLINOIS

13. NAME JOHN BALTZELL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

15. MAIDEN NAME DELPHA LEWIS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MR. FRAY S. BALTZELL (ADDRESS) 3006-TRACY AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE HUGHESVILLE, MO. DATE MARCH-3 1934

19. UNDERTAKER D. W. NEWCOMERS SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 3-2 1934 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1931 to Feb. 28<sup>th</sup> 1934. I last saw him alive on Feb. 28<sup>th</sup> 1934. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Coronary thrombosis and Myocarditis (Stroke)

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis?  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? No.

If so, specify \_\_\_\_\_ (Signed) James D. Smith M. D.  
(Address) Box 474, P.O. 1934, Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

222

Mr. James C. Murrells  
602 Argyle Bldg.  
11-1; 2-4