

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 496 File No. 21057
 Township Brookfield Primary Registration District No. 5660 Registered No. 54
 City Brookfield Mo. St. _____ Ward _____

2. FULL NAME Kerold Lesley Balcom

(a) Residence, No. Laclede, Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Benalosa Kansas

FATHER 13. NAME Lloyd Balcom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Missouri

MOTHER 15. MAIDEN NAME Jeanie Schuckle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Regent Co. Missouri

17. INFORMANT (ADDRESS) Lloyd Balcom Laclede

18. BURIAL, CREMATION, OR REMOVAL PLACE Laclede Mo. DATE June 1934

19. UNDERTAKER (ADDRESS) 399 Thoinke Laclede Mo.

20. FILED June 25, 19 J. Lucas M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to June 24, 1934
 I last saw him alive on June 24, 1934 Death is said to have occurred on the date stated above, at 2:30 PM.
 The principal cause of death and related causes of importance were as follows:

Skull Fracture
Automobile Accident
 Other contributory causes of importance: 2:30 PM

Name of operation Skull Date of _____
 What first confirmed diagnosis Skull Was there an autopsy? _____

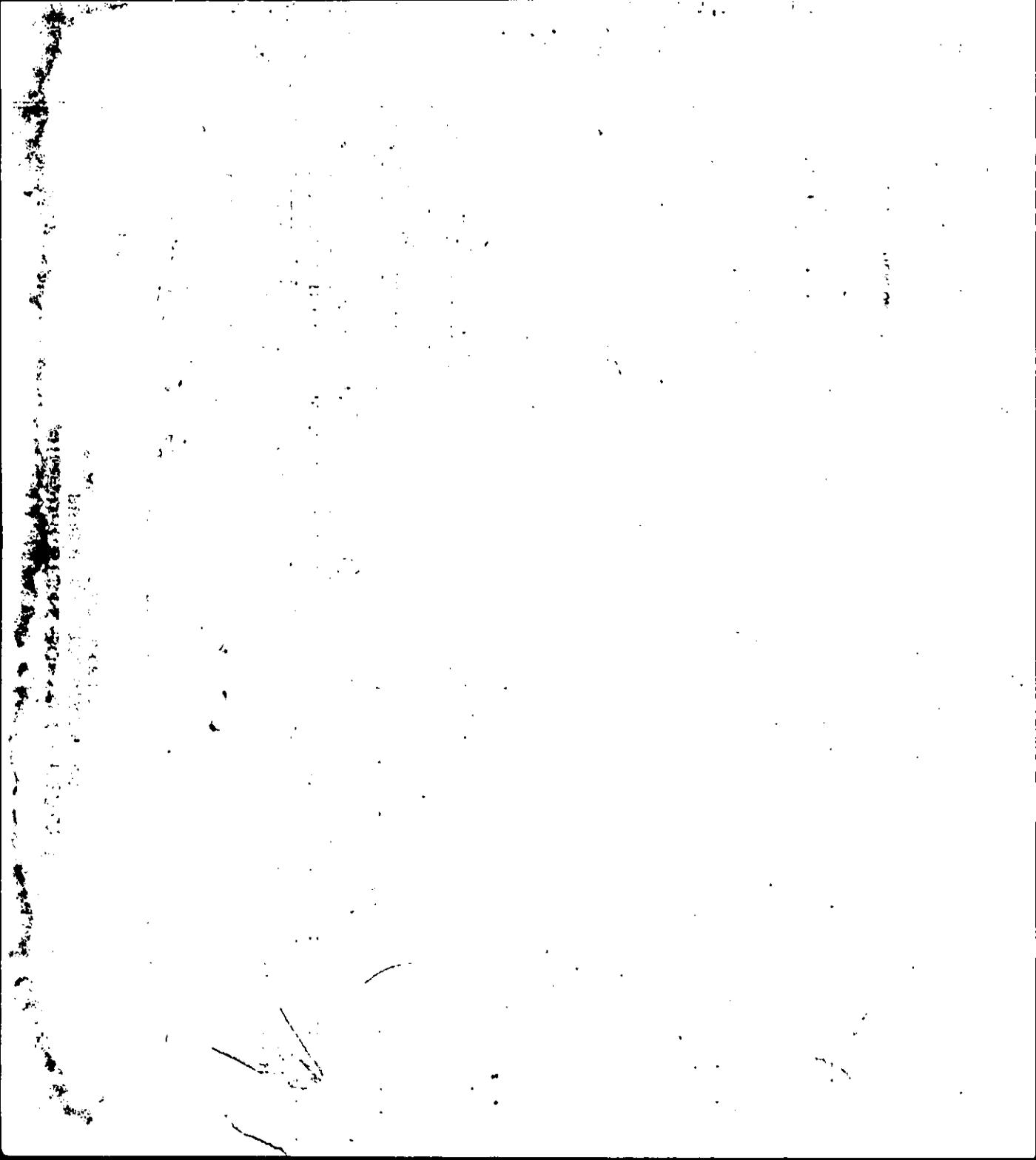
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury June 24, 1934
 Where did injury occur East of Brookfield Mo Specify whether injury occurred in industry, in home, or in public place. Highway # 36
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. M. [Signature] M. D.
 (Address) Brookfield 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.

JUL 13 1934



Lenn

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. I. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Harold Wesley Baleom
Who died at _____ on June 24 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years 24 Months 6 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Skull fracture auto accident
Injury to brain

Other contributory causes of importance _____ **210** 201

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

If death was due to external causes (violence) fill in also the following: (10 AM)
(Accident, suicide, or homicide?) Accident Date of injury June 23, 1934

Where did injury occur? Highway 36 East Proffers Mo 2 mile
(Specify city or town, county and State)

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

Manner of injury Car struck by Bus #10-36

Nature of injury Skull fracture - Head injury

Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

Name of physician W. H. Lucas

Address of physician _____

Signature of Registrar W. H. Lucas

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 496

Primary Reg. Dist. No. 5660

Very truly yours,
E. I. McLaugh *md*
gc

Special Agent.

5-21057