

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.

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

Do not use this space.

APR 23 1936

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 504 Benton Blvd) St. 1111 Ward

10491

File No. 1111  
Registered No. 1111

## 2. FULL NAME

Herbert Balmer  
(a) Residence, No. 504 Benton St., 1111 Ward.  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mellie M. Balmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March-21-1865</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>0</u>
		DAYS
		<u>1</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Traveling Salesman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>David Chalmers</u>
	10. Date deceased last worked at this occupation (month and year) <u>March 1936</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>London</u> <u>England</u>
---	---------------------------------

FATHER	13. NAME <u>Thomas Balmer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London</u> <u>England</u>

MOTHER	15. MAIDEN NAME <u>Mary B. Bull</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS)	<u>Mrs. Mellie M. Balmer</u> <u>504 Benton</u>
----------------------------	---

18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Wm. Washington</u> DATE <u>March-23-1936</u>
--	---

19. UNDERTAKER (ADDRESS)	<u>H. W. Newcomer's Sons</u> <u>Kansas City - Mo.</u>
-----------------------------	--

20. FILED	<u>3-17</u> 1936 <u>M. M. Crowl</u> Registrar
-----------	---

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-3-1936

22. I HEREBY CERTIFY that I attended deceased from Aug 1 1930 to Feb 2 1936  
I last saw him alive on March 2 1936 Death is said to have occurred on the date stated above, at 1:55 a.m.  
The principal cause of death and related causes of importance were as follows:

Malaise from Ch. septica Date of onset Feb 20-1936  
Arteriosclerosis - many years  
Cerebral thrombosis 1934

Other contributory causes of importance:  
Postalsis Epileptica 1931

Name of operation Postalsis Epileptica Date of 1930  
What test confirmed diagnosis Liberty 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 Ernest F. Robinson, M. D.  
(Signed) Ernest F. Robinson  
(Address) 928 W. 1st St. Kansas City - Mo.

Mr Ernest Johnson  
~~928 Prof Bldg.~~

~~12 331 pm~~

5021 Sunset Drive

530-6

Va 5549