SEP 16 1937

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

Do not use this space.

File No. 30529

Registered No.

1. PLACE OF DEATH
County Crawford
Township
City Bourbon, Mo. (No. , St. Ward)

Registration District No. 2274139
Primary Registration District No. 5211

2. FULL NAME Levi Bales,
(a) Residence, No. Sullivan, 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21st. 1866

7. AGE: Years 71 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Effingham Ill.

FATHER
13. NAME Jacob Bales
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois,

MOTHER
15. MAIDEN NAME Eliza Bales
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois,

17. INFORMANT (ADDRESS) Bertha Bales, Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bourbon, Mo. DATE Apr. 8th. 1937

19. UNDERTAKER (ADDRESS) J.T. Williams, Sullivan, Mo.

20. FILED Aug 24 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April. 6th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3 1937, to Apr. 6 1937
I last saw him alive on Apr. 6 1937 Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (R Lobe)	

Other contributory causes of importance:
Senility
Arteriosclerosis

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? No.
If so, specify
(Signed) R. E. Kitchell, M. D.
(Address) Sullivan, Mo.

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD