

DEC'D MAR 14 1938

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

5960

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
 (b) Township Kings Prairie #2 Primary Registration District No. 5042 Registered No. 13
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stephen Balmas, Sr.

(a) Residence, No. R. F. D. Monett, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
88 3 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Piedmont Valley,
(STATE OR COUNTRY) Italy13. NAME John Peper Balmas14. BIRTHPLACE (CITY OR TOWN) Piedmont Valley,
(STATE OR COUNTRY) Italy15. MAIDEN NAME Anna Galian16. BIRTHPLACE (CITY OR TOWN) Piedmont Valley
(STATE OR COUNTRY) Italy17. INFORMANT John Balmas
(ADDRESS) Monett, Mo.18. BURIAL PLACE Waldensian Cemetery
~~CREMATION~~ Feb. 22, 193819. FUNERAL DIRECTOR Callaway's
(ADDRESS) Monett, Mo.20. FILED 2-21- 1938 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 193822. I HEREBY CERTIFY, That I attended deceased from 1/5, 1936, to 2/18, 1938I last saw him alive on 2/17, 1938. Death is said to have occurred on the date stated above, at 9:15 A.M.

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

Cerebral Thrombosis
Pyostatis Pneumonia
§ 2 B

Date of onset

2/17/382/18/38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) Frank Kern, M. D.
(Address) Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. D. Buchanan
Licensed Embalmer No. 3179

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)