JAN 25 1929

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

Do not use this space.

41744

1. PLACE OF DEATH
County Moniteau — Registration District No. 571
Township Walnut — Primary Registration District No. 4335
City California (No. ..... St. ..... Ward) — File No. ..... Registered No. 57

2. FULL NAME Elsie L. Balske

(a) Residence. No. ..... 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: Female
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: Fred Balske

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 9-1886

7. AGE — Years: 42 — Months: 3 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co

PARENTS
10. NAME OF FATHER: Madison Monroe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co
12. MAIDEN NAME OF MOTHER: Henrietta Farrow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co

14. INFORMANT: Mrs Herman Meador
(Address) California

15. FILED Dec 16, 1928. Jas. W. Roth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 14 1928.

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928 to Dec 14, 1928 that I last saw h... alive on Dec 14, 1928, and that death occurred, on the date stated above, at 5.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Right lower lobe

10 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 10/0 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Edgar A Tuttle, M. D
Dec 15, 1928 (Address) California.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cole Camp — DATE OF BURIAL: 12/16 1928

20. UNDERTAKER: Williams & Friedman — ADDRESS: California

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.

PERMANENT RECORD