

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.

4 Q329

PLACE OF DEATH

County *Johnson*
Township *Jefferson*
City *Jefferson* (No. _____)

Registration District No. *14*
Primary Registration District No. *5587*

File No. _____
Registered No. *10* St. _____ Ward _____

2. FULL NAME *William Theodore Blecher.*
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 (OR) WIFE OF Evelyn Castle		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1866		
7. AGE	YEARS	MONTHS
	66	6
		9
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	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) Indiana		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) Sam Vanhooser		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	Windsor	DATE 12-5-32
19. UNDERTAKER (ADDRESS) HUSTON'S FUNERAL CHAPEL Windsor Missouri		
20. FILED 12-4 19 32 <i>J. Deming</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 2**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **was dead when I** 19____ to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, m.
The principal cause of death and related causes of importance were as follows:
accidental - caused by falling and his upper teeth becoming dislodged, and struck down his throat, causing other contributory causes of importance.
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, guide, or homicide? _____ Date of injury **12-2-32**
Where did injury occur? **Bonus, Johnson Co., Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Probably died early part of the night, Dec. 2, 1932.
Manner of injury _____
Nature of injury **described above.**

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **Edmond Audruss**, M. D.
(Address) **Halder, Mo.**
Carover Johnson Co.

