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

Do not use this space.

17057

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: K.C. Mo. (No. 2314 Jackson St. Ward)

Registration District No.: 500
Primary Registration District No.: 1002

File No.: 2440
Registered No.:

2. FULL NAME: Otis Jacob Bleich, Jr.

(a) Residence, No. 2314 Jackson 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.

JUL 17 1934

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 19-1914

7. AGE: Years 19 | Months 5 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
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): Oklahoma

FATHER
13. NAME: Otis Jacob Bleich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London, Missouri

MOTHER
15. MAIDEN NAME: Jennie Lee Whalen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Larshall, Missouri

17. INFORMANT (ADDRESS): Otis Jacob Bleich 2314 Jackson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: June 4, 34

19. UNDERTAKER (ADDRESS): Rose & Henderson 15& Jackson

20. FILED 6-2, 1934 M. M. Crow Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/1/34, 19

22. I HEREBY CERTIFY, THAT I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart

Date of onset

Other contributory causes of importance:

Name of operation: Date
What test confirmed diagnosis: Was there an autopsy?

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: Drowned in swimming
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) ..., M. D.
(Address)

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.

WHOLE NUMBER WITH CHARGING INVOICE IS A PERMANENT RECORD