

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.

JUL 10 1937

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

Do not use this space.

22768

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 5845 Charlotte) St. Mo. Ward 5

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dr. Albert Wilson Bleil

(a) Residence, No. 5845 Charlotte St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 39 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1863

7. AGE YEARS 74 MONTHS 0 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

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) Marion (STATE OR COUNTRY) Ohio

13. NAME Frederick William Bleil

14. BIRTHPLACE (CITY OR TOWN) Liverpool (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Charity Ann Drake

16. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Ohio

17. INFORMANT Guy P. Bleil (ADDRESS) 2819 E. 60th

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Mound DATE June 15, 1937  
Clinton, Mo.

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) \_\_\_\_\_

20. FILED 6/14 37 m m Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1937, to June 13, 1937

I last saw him alive on June 12, 1937. Death is said to have occurred on the date stated above, at 8:40 P.M.

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

Central Edema Date of onset 6/1/37

34

Other contributory causes of importance:

Syphilis with degeneration of brain

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Microscopic Was there an autopsy? yes

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) A. J. [Signature], M. D.  
(Address) 303 Washington Bldg., K.C., Mo.

Dr W. D. Stijel  
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