

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.

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Jean Primary Registration District No. 1002  
City Yamona city (No. 12 C General Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

44028

File No. \_\_\_\_\_  
Registered No. 4931  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bleisner Louis

(a) Residence, No. 509 glaston Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ms. Claudia Bleisner</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5 1887</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>4</u>	DAYS <u>2</u>	IF LESS than 1 day, .....hra. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dentist</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>201</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <u>34</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-37  
22. I HEREBY CERTIFY, That I attended deceased from 12-2-37 to 12-7-37  
I last saw him alive on 12-7-37. Death is said to have occurred on the date stated above, at 7:35 a.m.  
The principal cause of death and related causes of importance were as follows:

Septic Arteritis Date of onset \_\_\_\_\_  
Broncho pneumonia

Other contributory causes of importance: \_\_\_\_\_

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>
	13. NAME <u>Dea A. Bleisner</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Ada Schick</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT <u>Reinald Clerk</u> (ADDRESS) <u>2012 Gen Hosp KCM</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>12/9</u>	
19. UNDERTAKER <u>Wm. L. H. Foster</u> (ADDRESS) <u>718 Broadway</u>	
20. FILED <u>Dec 8 1937</u> M. M. <u>Grone</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? W.O.  
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?  
If so, specify \_\_\_\_\_  
(Signed) R. F. De Maria, M. D.  
(Address) 5012 C Gen Hosp KCM

