REC'D OCT 19 1939

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

31743
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew, 9
(b) Township Rochester, 1
(c) City Helena, Registration District No.
Primary Registration District No. Registered No. 9
(d) Street No. 1/4 Mi. East Helena, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 64 yrs. 5 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 420 Sarah Alice Bleich,
(a) Residence, No. 1/4 Mi. East, Helena, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Otto Bleich,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24, 1875
7. AGE: Years 64 | Months 5 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home,
9. Industry or business in which work was done, as 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): Andrew County, Missouri, C

FATHER
13. NAME: John W. Brown, C
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County, Missouri,

MOTHER
15. MAIDEN NAME: Sarah Hampton,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County, Missouri.

17. INFORMANT: Otto Bleich
(ADDRESS) R.F.D. # 1, Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Helena Cem. DATE Sept. 4, 1939

19. FUNERAL DIRECTOR (NAME) Frank A. Bowman
(ADDRESS) Savannah, Mo.

20. FILED Sept 3, 1939 Lora E. Frank
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. ~~April~~ 8, 1939, to Sept. 2, 1939
I last saw h.. alive on Aug. 31, 1939. Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum — Date of onset Mar. 1937
46

Other contributory causes of importance:
Carcinoma of Uterus

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) James H. Nichols, M. D.
(Address) Helena, Mo.

Licensed Embalmer's Statement on Reverse Side)

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.

1 X14025

District ... No. 11
District File ... 1039-1287
Date Filed OCT 13 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me Sept. 2, 1939

....., or by ....,

Registered Apprentice No....., working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 S. 10th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.