

NOV 14 1939

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

36203  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 358  
(b) Township Shawnee Primary Registration District No. 5507  
(c) City CLINTON (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. \_\_\_\_\_ St. \_\_\_\_\_

2. PRINT FULL NAME Nettie C. Bleil

(a) Residence, No. R. 7, D. no. 1 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 Fe 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) Sept. 30, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 1 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) 4 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Fredrick W. Bleil 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME Charity Drake

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

17. INFORMANT (ADDRESS) CARL BLEIL CLINTON, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Mound DATE Nov. 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CONSALUS + PECK CLINTON MO.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ 318 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 39, 1939 to Nov 4, 1939  
I last saw him alive on Nov 4, 1939 Death is said to have occurred on the date stated above, at 6:45 P.M.

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

Valvular heart disease Date of onset \_\_\_\_\_  
Other contributory causes of importance: 420

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) Joseph Powell, M. D.  
(Address) Clinton, Mo.

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 X10028

STATE OF MASSACHUSETTS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 11/21/57

**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,

or by

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

Signed M. D. Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, Ma.

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

36203

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 358  
 (b) Township Shawnee Primary Registration District No. 5502 Registered No. 11  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nettie C. Bleil

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-30-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 1 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 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

FATHER 13. NAME Fredrick W Bleil  
 14. BIRTHPLACE (CITY OR TOWN) Berming (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Charity Pease  
 16. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Ohio

17. INFORMANT Carl Bleil (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee mound DATE Nov 6 1939

19. FUNERAL DIRECTOR Consalus & Peck (ADDRESS) Clinton Mo

20. FILED 12/14 1939 C. G. Hibler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1928 to Nov 4 1939  
 I last saw her alive on Nov 4 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Valvular Heart Disease Date of onset \_\_\_\_\_

Other contributory causes of importance:

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, 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) Joseph B. O'Neill, M. D.  
 (Address) Clinton Mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

UNRECORDED

