

## PLACE OF DEATH

County St. FrancoisTownship St. Louis

or

Village

or

City

Bismarck Mo.Registration District No. 771

File No.

36500Primary Registration District No. 4462

Registered No.

St. \_\_\_\_\_ Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME William Biel

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>Widowed</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Jan. 8, 1828</u> (Month) (Day) (Year)		
IF LESS than 1 day, ___ hrs. or ___ min.? <u>86</u> yrs. <u>10</u> mos. <u>3</u> ds.		

OCCUPATION  
Trade, profession, or  
particular kind of work Shoemaker  
General nature of industry,  
shop, or establishment in  
which employed (or employer) Shoemaking

BIRTHPLACE  
City or town, State or foreign country  
Handersheim Germany

NAME OF FATHER  
William Biel

BIRTHPLACE OF FATHER  
(City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER  
Unknown

BIRTHPLACE OF MOTHER  
(City or town, State or foreign country) Germany

IF ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant W. K. Kerkman  
(ADDRESS) Bismarck Mo

DATE Nov. 12, 1914 REGISTRAR J. L. Eaton

## STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from  
Nov 9, 1914, to Nov 11, 1914,  
that I last saw him alive on Nov 11, 1914,

and that death occurred, on the date stated above, at 6:15 P. M.

The CAUSE OF DEATH\* was as follows:

Strangulated Hernia  
12/20/14  
12/9 (Duration) 10 yrs. 6 mos. 6 ds.

Contributory Proctitis  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.

(Signed) W. K. Kerkman M. D.  
11/12, 1914 (Address) Bismarck

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

Pilot Knob mo

DATE OF BURIAL

Nov. 13, 1914

UNDERTAKER

Biel

ADDRESS

Bismarck mo

NOTE: 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.

