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

PLACE OF DEATH

County: Cape Girardeau

Township: Hubble

or Village: Dutchtown, Mo.

or City: (NO. ..... St.: ..... Ward)

Registration District No. 126

Primary Registration District No. 5774 B

File No. 17250

Registered No. 11

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

FULL NAME: Conrad Bierschwal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

DATE OF BIRTH: May 28 (Month) (Day), 1838 (Year)

AGE: 77 yrs. 11 mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Hanover Germany

PARENTS

NAME OF FATHER: Christian Bierschwal

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

MAIDEN NAME OF MOTHER: Charlotte Kelpe

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): J. C. Bierschwal

(ADDRESS): Dutchtown, Mo

Filed May 21, 1916. W. W. Ford, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21 (Month) (Day), 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 12, 1916, to May 21, 1916, that I last saw him alive on May 20, 1916, and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows:

23 A Tuberculosis of the lungs.

131 (Duration) 2 yrs. — mos. — ds.

Contributory (SECONDARY): Bright's disease

(Duration) 2 yrs. 4 mos. — ds.

(Signed) N F Chas Lint M. D.

May 21, 1916 (Address) Dutchtown Mo

*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: Eggeman Cemetery

DATE OF BURIAL: 5/22, 1916

UNDERTAKER: Aug. L. Wessel

ADDRESS: Dutchtown

PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....

or

Village ..... Primary Registration District No. ..... Registered No. .....

or

City ..... (NO. .... St.; ..... Ward)

[If death occ
hospital or i
give its NAM
of street and n

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

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

..... , 1..... (Month) (Day) (Year)

AGE

..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

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

MAIDEN NAME OF MOTHER

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(ADDRESS) .....

Filed ....., 191....., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... , ...
(Month) (Day)

I HEREBY CERTIFY, that I attended decease
..... , 191....., to ..... ,
that I last saw h ..... alive on ..... ,
and that death occurred, on the date stated above, at .....
The CAUSE OF DEATH* was as follows:

.....

.....

..... (Duration) ..... yrs. ..... mos.

Contributory .....
(SECONDARY)

..... (Duration) ..... yrs. ..... mos.

(Signed) .....

..... , 191..... (Address) .....

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

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIEN RECENT RESIDENTS)

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

Where was disease contracted if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	..... ,
UNDERTAKER	ADDRESS

The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is