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

Do not use this space.

21159

JUL 25 1929

1. PLACE OF DEATH
County GASCONADE — Registration District No. 306 — File No.
Township BOEHF — Primary Registration District No. 5424 — Registered No. 5
City ..... (No. ..... St. ..... Ward)

2. FULL NAME MICHEAL DAVID BIEBER

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: Mixed ~~WHITE~~
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): SEP 10 - 1877

7. AGE: Years 51 — Months 8 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: FARMER
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): SWISS
(STATE OR COUNTRY): MO

PARENTS
10. NAME OF FATHER: JOHN BIEBER
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): SWITZERLAND
12. MAIDEN NAME OF MOTHER: NEE MILLER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): DRAKE MO

14. INFORMANT: George Bieber
(Address): SWISS, MO RR#1

15. FILED: June 18, 1929 John Engelbrecht, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1929, to June 17, 1929, that I last saw him alive on June 16, 1929, and that death occurred, on the date stated above, at 5:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cause of Rectum
4 6 D
..... (duration) — yrs. 8 or 9 mos. — ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 23-28
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) John Engelbrecht, M.D.
, 19 (Address) Stony hill Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: BIEBERS CEMETARY — DATE OF BURIAL: June 19, 1929

20. UNDERTAKER: HERMAN BLUMER — ADDRESS: BERGER, 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.