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

Dyer 2407

1. PLACE OF DEATH
County Pettis — Registration District No. 672 — File No.
Township Dresden — Primary Registration District No. 5895 — Registered No. 1
City Sedalia (No. R. F. D. No 3 St. Ward)

2. FULL NAME Jacob Bierman
(a) Residence. No. 420 N Quincy 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.

FEB 20 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 22 1869

7. AGE: Years 71 — Months 11 — Days 4 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

PARENTS
10. NAME OF FATHER: Gus Bierman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Kate Moonstein
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Kate Bierman
(Address): Sedalia Mo.

15. FILED 1-28 1930 J. T. Evans REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 26 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/22, 1931, to 1/26, 1931 that I last saw h. alive on 1/22, 1931, and that death occurred, on the date stated above, at 7 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94A
97 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): arteriosclerosis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? Date of
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D P Dyer, M. D
1/27, 1931 (Address) Sedalia

*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: Crown Hill — DATE OF BURIAL: 1/28 1931

20. UNDERTAKER: Tillespie — ADDRESS: Sedalia