

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

Do not use this space.

1. PLACE OF DEATH

County BASCONE
Township BOEFER
City Charlottesville (No.)

Registration District No. 306
Primary Registration District No. 5424

File No. 17631
Registered No. 11
St. Ward

2. FULL NAME

CHARRETTA C. BIEBER

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>Mixed WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>REINHOLD BIEBER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB 11 - 1839</u>		
7. AGE YEARS <u>92</u>	MONTHS <u>3</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u>6 mo</u>		11. Total time (years) spent in this occupation <u>80</u>

OCCUPATION

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME GEO B. MILLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. CAROLINA

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT Ed Bieber
(ADDRESS) SWISS Mo RR 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE SWISS Mo DATE MAY 28 1931

19. UNDERTAKER HERMAN BLUMER
(ADDRESS) BERGER MO

20. FILED 5-27-31 John Engelbrecht
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1931, to May 25, 1931. I last saw her alive on May 24, 1931. Death is said to have occurred on the date stated above, at 6:20 a.m.. The principal cause of death and related causes of importance were as follows:

Apoplexia

Other contributory causes of importance: Dementia

Name of operation none Date of

What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John Engelbrecht, M. D.

(Address) Stony Hill 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.

JUN 25 1931

