

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

Do not use this space.

1. PLACE OF DEATH

County BARCENIA DE

Township BOEFER

City Charlottesville (No. 1)

Registration District No. 306

Primary Registration District No. 5424

File No. 17631

Registered No. 11

St. 1 Ward 1

2. FULL NAME

CHARRETTA C. BIEBER

(a) Residence, No. 1

(Usual place of abode)

St. 1

Ward 1

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

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

REINHOLD BIEBER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

FEB 11 - 1839

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ✓ hrs. or ✓ min.

92

3

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

6 mo

11. Total time (years) spent in this occupation 80

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 (ADDRESS)

Ed Bieber SWISS Mrs R R 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

SWISS Mo DATE MAY 28 1931

19. UNDERTAKER (ADDRESS)

HERMAN BLUMER 136 GER MO

20. FILED

5-21-31 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 him 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:

Apoplexy

Date of onset

think Apr 4

Other contributory causes of importance:

Dementia

Name of operation

none

Date of ✓

What test confirmed diagnosis? Physician 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 ✓, 1931

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

