

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.

SEP 21 1931

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

Do not use this space.

27480

1. PLACE OF DEATH

County Ballinger
Township Intermittent
City Intermittent

Registration District No. 66
Primary Registration District No. 4038

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Old maid

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

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

Feb 28-1882

7. AGE

YEARS

MONTHS

DAYS

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

79

6

1

8. OCCUPATION OF DECEASED

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

Searcher

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

State Mo.

10. NAME OF FATHER

William Bietz

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

State Penn.

12. MAIDEN NAME OF MOTHER

Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

State Penn.

14.

INFORMANT
(Address)

W. J. Hasting
Intermittent

15.

FILED 8-2 1931

J. P. Hasting
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1931

17. I HEREBY CERTIFY That I attended deceased from 1-1-1931 to 8-29-1931

that I last saw him alive on 8-29-1931 and that
death occurred, on the date stated above, at 10-30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial infarction
43C

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

, 19 (Address)

*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

DATE OF BURIAL

Glenallen

Aug 30 1931

20. UNDERTAKER

ADDRESS

J. A. Baker

Intermittent

