WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 19 1932

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

Do not use this space. 2

40031

1. PLACE OF DEATH
County Andrew — Registration District No. 13 — File No. 68
Township — Primary Registration District No. 4010 — Registered No.
City Savannah (No. , St. Ward)

2. FULL NAME Joseph Bielman
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19-1845
7. AGE YEARS 86 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired wagon
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. maker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known Germany

FATHER
13. NAME un known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known Germany

MOTHER
15. MAIDEN NAME un known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known Germany

17. INFORMANT (ADDRESS) Mrs Joseph Bielman Jr Savannah Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Conception DATE 12-7 31
19. UNDERTAKER (ADDRESS) E. C. Breit Savannah Mo
20. FILED Dec 5 1931 C. Jeffries MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 4, 1931
I last saw him alive on Dec 3, 1931. Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:
Acute Suppression of Urine
133c
133c
93c
Date of onset
Other contributory causes of importance:
Chronic Myocardial Degeneration
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? None
If so, specify
(Signed) Walter C Myers, M. D.
(Address) Savannah Mo