

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.

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

Do not use this space.

15806

1. PLACE OF DEATH

37 County GARCONADERegistration District No. 303Township ROARKPrimary Registration District No. 5420

City _____

(No. _____)

St. _____

Ward _____

2. FULL NAME

CAROLINA M BEIERMANN

(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 72 yrs. 0 mos. 0 ds.How long in U. S., if of foreign birth? 72 yrs. 0 mos. 0 ds.

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 OFW. F.JULIUS BEIERMANN

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

APR 25-1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.84025

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.HOUSEWIFE9. 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)9 mo11. Total time (years)
spent in this
occupation7012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)GERMANY

FATHER

13. NAME

W. BARNER14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)GERMANY

MOTHER

15. MAIDEN NAME

UNKNOWN16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)GERMANY17. INFORMANT
(ADDRESS)Leah G. Heidmann

18. BURIAL, CREMATION, OR REMOVAL

PLACE

BETHANY

DATE

MAY 22

32

19. UNDERTAKER
(ADDRESS)HERMAN BLUMER
BERGEMO20. FILED 5-2019 32Anna Riehoff

Registrar

MEDICAL CERTIFICATE OF DEATH

345

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 20, 19 32

22. I HEREBY CERTIFY, That I attended deceased from

June 24, 1928, to May 20, 1932I last saw him alive on May 14, 1932. Death is saidto have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic organic
heart disease

Date of onset

some
fine
year
ago

Other contributory causes of importance:

arteriosclerosis

Name of operation

D-95R

What test confirmed diagnosis?

Date of

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no

Date of injury

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? no

If so, specify

(Signed)

John Engelbrecht

M. D.

(Address)

Stony Hill, Mo

