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

Do not use this space.

931

1. PLACE OF DEATH

37 County GASCONADE Registration District No. 303

Township ROAR 4 Primary Registration District No. 5420

File No.

Registered No. 3

City (No. , St. Ward)

2. FULL NAME ANNA EMILY 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 yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF W^m BEIERMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 27 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	48	5	22	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SW 188 MO

FATHER

13. NAME CHRIST HILLEMANN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWISS MO

MOTHER

15. MAIDEN NAME IVEE MEYER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BIC BERGER MO

17. INFORMANT (ADDRESS) MRS E. BEIERMANN WAYNE - NEB

18. BURIAL, CREMATION, OR REMOVAL PLACE WAYNE NEB DATE JAN 25 1933

19. UNDERTAKER (ADDRESS) HERMAN BLUMER BERGER, MO.

20. FILED 1-20 1933 Anna R. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH 845

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN-19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1932 to Jan 19 1933

I last saw her alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 8:45 P m.

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

	Date of onset
Carcinoma of vagina	Don't know
491	

Other contributory causes of importance —

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? 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

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.

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

FEB 22 1933