

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan Registration District No. 8
Township..... Primary Registration District No. 1001
City..... St. Joseph, (No. 1418 Bellevue St., File No. 3967
St. Ward) Registered No. 129

2. FULL NAME

Anna Magdalena Bieri

(a) Residence, No. 1418 Bellevue St., St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. 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 OF Ulrich Bieri

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 7, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 6 24

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

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) Berne, Switz.
(STATE OR COUNTRY)

13. NAME Reutinger

14. BIRTHPLACE (CITY OR TOWN) Unknown Switz.
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown Switz.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Amelia Hoover
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Feb. 3, 1934

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1302 Faraon St., St. Joseph, Mo.

20. FILED 2-2 19 34 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932, to Feb 1, 1934

I last saw her alive on Feb 1, 1934, 1934. Death is said to have occurred on the date stated above, at 4:00 A.M.

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

Myocardial Insufficiency, *intermittent*

930
91

Other contributory causes of importance: *arteriosclerosis*

930
91

Name of operation *none* Date of *none*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury *none* 19 *none*

Where did injury occur? *none*
(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 *none*
(Signed) *Mustav A. Law* M. D.

(Address) *Patrick Bldg., St. Joseph, 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 ENLARGING INSTRUMENTS. THIS IS A PERMANENT RECORD.

