

FEB 23 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Gasconade
 Township Barker
 City (No.)

Registration District No. 307
 Primary Registration District No. 5425

File No. 856
 Registered No.
 St. Ward

2. FULL NAME

Henry Bierwirth

(a) Residence, No. St. Ward
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bierwirth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1857
 7. AGE YEARS 77 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 11.07.35 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay mo13. NAME Henry Bierwirth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Charlotte Stunke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Hugo Bierwirth
Germany mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Bay St Paul's Cem. DATE 1/19 193519. UNDERTAKER (ADDRESS) Hugo Blumer
Germany mo20. FILED 1-28-35 Mrs H. A. Menden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26th 1935
 22. I HEREBY CERTIFY That I attended deceased from Jan. 21st 1935, to Jan. 26th 1935
 I last saw him alive on Jan. 25th 1935 Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Uremia Date of onset Jan 21st 1935
Chronic Nephritis about 2 yrs.
 Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? Symptoms 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 , 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?
 If so, specify
 (Signed) E. G. Rhodius, M. D.
 (Address) Bay 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

