

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.

APR 17 1936

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

Do not use this space.

10092

1. PLACE OF DEATH

County Gasconade

Registration District No. 305

Township Canon

Primary Registration District No. 5422

City Canon (No. 1)

File No. 118 6

Registered No. 118 6

St. Mo.

Ward 6

2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

St. Mo.

Ward 6

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? 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

6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Karl W. Bierman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-1848

7. AGE

YEARS 87

MONTHS 3

DAYS 5

If LESS than 1 day, hrs. or min.

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) 11-21-35

11. Total time (years) spent in this occupation

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

13. NAME John H. Berger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Gilber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Lillie Marlow (ADDRESS) Bureau of Vital Statistics

18. BURIAL, CREMATION, OR REMOVAL

PLACE Charlotte DATE 3-8 1936

19. UNDERTAKER E. J. Meyer (ADDRESS) Sealed

20. FILED 3-13 1936 J. H. Farrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5 1936

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1936 to March 5, 1936
I last saw her alive on March 4, 1936 Death is said to have occurred on the date stated above, at 11:45 Am.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
1860

Date of onset

Unknown

Other contributory causes of importance:

Fracture of pelvis from a fall on bed room

Name of operation None

Date of

What test confirmed diagnosis? Minimal Was there an autopsy? No

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

Accident, suicide, or homicide? None Date of injury 2-17, 1936

Where did injury occur? In sick room

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall

Nature of injury Fracture of Pelvis

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. P. Fitzgerald

M. D.

(Address) Berkley, Mo.

