

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

Do not use this space.

JUN 16 1937

19302

1. PLACE OF DEATH
 2 County Andrew Registration District No. 13
 Township Jefferson Primary Registration District No. 5017
 City Jefferson (No. 2) St. _____ Ward _____
 2. FULL NAME William Biester
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa E Biester
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 1
 OCCUPATION 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. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 17 1937
 22. I HEREBY CERTIFY, That I attended deceased from 4 - 20 1937, to 5 - 17 1937.
 I last saw him alive on 5 - 16 1937. Death is said to have occurred on the date stated above, at 12 A. M.

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

Carcinoma of Stomach

Other contributory causes of importance:

46

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? _____ 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 3

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) L. E. Rachold D. O. M. D.
 (Address) Union Star mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 13. NAME Leonard Biester
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME un known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known
 17. INFORMANT Mrs. Wesley Samon
 (ADDRESS) Jefferson mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairview DATE 5-19 1937
 19. UNDERTAKER E. B. Breit
 (ADDRESS) Savannah mo
 20. FILED May 18 1937 Wm A R Keug
 Registrar

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.

