

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.

JAN 21 1938

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

Do not use this space.

46328 366

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 629 East 9th.) St. Mo. Ward 2
File No. 258
Registered No. 668

2. FULL NAME August John Tieman
(a) Residence, No. 629 East 9th. St. Mo. Ward 2
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mls.
74 9 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Boilmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 266
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) Osnabrneck Germany

13. NAME Gerhart Tieman

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

15. MAIDEN NAME Unkown

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

17. INFORMANT Mrs. Emma Tieman (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem. Park DATE Dec. 19, 1937

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED 12-19-37 Geo. Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1937, to Nov 17, 1937
I last saw him alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Chrom. myocarditis
Arterio-sclerosis
Other contributory causes of importance:
Chrom. myocarditis
Arterio-sclerosis

Name of operation None Date of None
What test confirmed diagnosis? Chrom. 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, 1937
Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

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) Chas. J. ... M. D.
(Address) Sedalia, Mo.

