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

PLACE OF DEATH

County Pulaski

Township ____ or Village Dixon or City ____ (NO. ____ St.; ____ Ward)

Registration District No. 711 File No. 914868

Primary Registration District No. 4426 Registered No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Louis Liesmann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: Oct (Month) 14 (Day), 1876 (Year)

AGE: 42 yrs. 5 mos. 28 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Officer
(b) General nature of industry, business, or establishment in which employed (or employer): ____

BIRTHPLACE (City or town, State or foreign country): Ills.

PARENTS

NAME OF FATHER: Fredrick Liesmann Jr.

BIRTHPLACE OF FATHER (City or town, State or foreign country): Germany

MAIDEN NAME OF MOTHER: Helena Conrad

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fredrick Liesmann Jr.

(ADDRESS) Dixon Mo

Filed 4-12-, 1919. W. F. Rohrs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) 12 (Day), 1919 (Year)

I HEREBY CERTIFY, that I attended deceased from 4-10, 1919, to 4-12-, 1919, that I last saw him alive on 4-11-, 1919, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 23A 78

(Duration) 1 yrs. 5 mos. ____ ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. F. Rohrs M. D.

4-12-, 1919 (Address) Dixon Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

PLACE OF BURIAL OR REMOVAL: Dixon

DATE OF BURIAL: Apl 13, 1919

UNDERTAKER: G B & Co

ADDRESS: Dixon Mo

PLACE OF DEATH

County.....

Township .....
or
Village.....
or
City .....(NO. ..... St.:.....Ward)

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

Registration District No..... File No.....

Primary Registration District No..... Registered No.....

[If death occ
hospital or i
give its NAM
of street and n

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

.....(Month) .....(Day), 1.....(Year)

AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed .....191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....(Month) .....(Day)

I HEREBY CERTIFY, that I attended decease
.....191....., to.....,
that I last saw h.....alive on.....,
and that death occurred, on the date stated above, at.....
The CAUSE OF DEATH* was as follows:

.....(Duration).....yrs.....mos.

Contributory
(SECONDARY)
.....(Duration).....yrs.....mos.

(Signed).....

.....191..... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Cause
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNDERTAKER	ADDRESS