

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

Do not use this space.

14097

1. PLACE OF DEATH

County Mississippi
Township Chaplin
City Chaplin

Registration District No. 5266
Primary Registration District No. 3030

File No. 26
Registered No. 5266 27
St. _____ Ward _____

2. FULL NAME George Fisher Lienesch

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) about 2 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Cecil Lienesch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-3-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 5 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) O'Fallon
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Geo. W. Lienesch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Louise Fisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. G. F. Lienesch
(Address) Charleston Mo

15. April 28th 1928 J. S. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-28 1928 12:20 P.M.
17. I HEREBY CERTIFY That I attended deceased from 4/26, 1928, to 4/28, 1928 that I last saw him alive on 4/28, 1928, and that death occurred, on the date stated above, at 12:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Oedema of lungs following acute attack of Bronchial asthma
11 2 (duration) yrs. _____ mos. 2 da.
11 10 5 CONTRIBUTORY (SECONDARY) (duration) yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? _____
19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Love, M. D.
4/28, 1928 (Address) Charleston, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL O'Fallon Illinois DATE OF BURIAL 4/30 1928

20. UNDERTAKER Fair Ind. Co. ADDRESS Charleston 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.

