

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

Do not use this space.

18078
2123

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(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.
Odessa, Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry W Liesz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 1 24

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Herman Schaeperclaus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ger
12. MAIDEN NAME OF MOTHER Caroline Wuh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ger

14. INFORMANT Henry W Liesz
(Address) Odessa Mo

15. FILED 5/7 19 29 M. M. Crowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 19 29.

17. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1929, to May 7, 1929.
that I last saw h. & T. alive on May 7, 1929, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary carcinoma of liver
4 to E

3 1/2 (duration) 4 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Septicemia
(duration) 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Odessa, Mo.
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1926 and 4/22/29

WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Pathologist's report
(Signed) Jas. C. Stowers M. D.
May 7, 19 29 (Address) Kansas City, 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 Odessa, Mo. **DATE OF BURIAL** May 7 19 29.

20. UNDERTAKER Dr. Newcomer's Sons & Co **ADDRESS** 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.

10-2200

THIS IS A PERMANENT RECORD

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