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

85

Do not use this space.

39792

File No.

Registered No. 1472

1. PLACE OF DEATH

County Buchanan. Registration District No.

Township Primary Registration District No. 1001

City St. Hoseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Albert Lieb

(a) Residence. No. 2102 North 11 street St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Lieb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	58	5	10	

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

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Lieb

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

12. MAIDEN NAME OF MOTHER Annie Leimgruber

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

14. INFORMANT Ralph A Lieb
(Address) St. Hoseph Mo.

15. FILED Dec 26, 1929 John G. Utt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed on, 19, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 8/45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Skull, result of Auto Accident near Gower Mo.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) B. W. Tadlock Coroner, M. D.

Dec. 26 1929 (Address) St Joseph 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	DATE OF BURIAL
Mt. Olivet Cemetery	Dec. 28 1929
20. UNDERTAKER H. Siedenfaden	ADDRESS 1802 Union St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.