

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

Do not use this space.

9294

1. PLACE OF DEATH

County Lafayette
Township _____
City near Corder, Mo. (No. _____ St. _____ Ward)

Registration District No. 460
Primary Registration District No. 5-623-03

File No. _____
Registered No. 32

2. FULL NAME Mrs. Louise Erstina (Mueller) Lieser Sr.

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Lieser Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9th, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>2</u>	<u>2</u>	

8. OCCUPATION OF DECEASED Retired house-wife
(a) Trade, profession, or particular kind of work.
(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) Germany

10. NAME OF FATHER John Mueller

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

12. MAIDEN NAME OF MOTHER Anna Mueller

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

14. INFORMANT (Address) Mr. John Beesemey, Corder, Mo.

15. FILED 3-14-30 Lucia B. Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 12 1930

17. I ~~HEREBY~~ CERTIFY, That I attended deceased from Sept 1930 to Mar 11, 1930 that I last saw him alive on Mar 11, 1930 and that death occurred, on the date stated above, at 7-15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) arterio sclerosis
(duration) 1 yrs. 3 mos. 11 ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. C. Arthur, M.D.
, 19 _____ (Address) Corder, 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 Corder Calvary Cemetery DATE OF BURIAL Mar. 14 1930

20. UNDERTAKER J. W. & M. W. ... ADDRESS Higginsville Missouri

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.

APR 30 1930

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