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.

MAY 28 1932

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

Do not use this space.

85

11725

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph (No. St Joseph Hospital St. Ward)

Registration District No.
Primary Registration District No. 1001

File No.
Registered No. 405

2. FULL NAME Wm B. Limerick

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

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF mrs. Ida Limerick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-1-1860

7. AGE: Years 71 | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Apr. 1932
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) missouri

FATHER
13. NAME G. T. Limerick
14. BIRTHPLACE (CITY OR TOWN) Stanford (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Catherine Berry
16. BIRTHPLACE (CITY OR TOWN) Crabchard (STATE OR COUNTRY) Ky

17. INFORMANT Mrs. Ida Limerick (ADDRESS) Savannah mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah mo DATE 4-25-1932

19. UNDERTAKER Walter Moeckhoffer (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED APR 23 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1932 to April 23, 1932
I last saw him alive on April 23, 1932. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	Apr 16 1932
11A	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify
(Signed) Walter O. Myers, M. D.
(Address) Savannah Mo