

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

Do not use this space.

15888

1. PLACE OF DEATH

39 County Greene Registration District No. 318  
3 Township \_\_\_\_\_ Primary Registration District No. 2901  
5 City Springfield, Mo. 1001 4, Alm St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 389

2. FULL NAME

(a) Residence, No. 1001 4 Alm 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 Male 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 Betty F.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 8 23

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester, Illinois

FATHER 13. NAME Phil Lisch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 108

MOTHER 15. MAIDEN NAME Grace Rodenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT me Phil Lisch

(ADDRESS) 1001 4 Alm

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE May 31 - 1932

19. UNDERTAKER Wesley Lymeyer & Co

(ADDRESS) 534 St Louis

20. FILED May 30, 1932 Ralph W. Ferguson Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Many years, 19\_\_\_\_, to 5-29-32, 19\_\_\_\_. I last saw him alive on 5-29-32, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:48 p.m.

The principal cause of death and related causes of importance were as follows:

Perhaps on mouth began to build crusts. Circulation of liver by fatty then atrophy.  
7746  
926 13 13  
Other contributory causes of importance: Cerebral hemorrhage about May 20. Has many osseous adhesions. Date of onset 4-15

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Partial

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 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? no  
If so, specify \_\_\_\_\_ (Signed) Garetto, M. D.  
(Address) Springfield 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.

MAY 2 1932

