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

Do not use this space.

1. PLACE OF DEATH
53 County: Laclede
Township: Hooker
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 1042
Primary Registration District No. 5614

File No. 20214
Registered No. 9

2. FULL NAME: Lewis D. Lien

(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: M
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: Anna Bushart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 30 - 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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 COUNTY): Jersey Ill

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): " "

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): —

17. INFORMANT: Mrs. L. D. Lien
(ADDRESS): Lebanon

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bobs Cemetery DATE: June 21, 1933

19. UNDERTAKER: Pahmeier
(ADDRESS): Lebanon

20. FILED 6-20, 1933 J. L. Scott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19, 1933

22. I HEREBY CERTIFY. That I attended deceased from June 19, 1933, to June 19, 1933, I last saw him alive on June 19, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia Strangulated	
Inguinal	
122 B	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

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? No
If so, specify .....
(Signed) J. L. Scott, M. D.
(Address) Lebanon 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.

THIS IS A PERMANENT RECORD