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.

JAN 26 1934

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

Do not use this space.

40376

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1682 — Registered No. 5187
City Kansas City (No. Kansas City General Hosp. St. Ward)

2. FULL NAME David Lienhart
(a) Residence, No. 560 Walnut St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE — YEARS: 50 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Hanger
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

260

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

2

FATHER
13. NAME: David Lienhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

2

MOTHER
15. MAIDEN NAME: Addie Morse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

2

17. INFORMANT (ADDRESS): Record Clerk K. C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE 1-12-34

19. UNDERTAKER (ADDRESS): Quick & Tolin

20. FILED 12/31, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-23-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-18-, 1933, to 12-23-, 1933
I last saw him alive on 12-23, 1933. Death is said to have occurred on the date stated above, at 6:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108	
108	
Other contributory causes of importance: Pleurisy	

108

Name of operation ..... 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? .....
If so, specify .....
(Signed) J. H. Jennett, M. D.
(Address) Supt. K.C. Gen. Hosp. K.C. Mo.

12-26-33