

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

Do not use this space.

21042

1. PLACE OF DEATH
 County Lincoln Registration District No. 486
 Township Burr Oak Primary Registration District No. 3650
 City (No. _____) St. _____ Ward _____

2. FULL NAME Frank J. Liermann
 (a) Residence, No. Foley, Mo. R. 2 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Ms. Rita Liermann</u> (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29-1885</u>				
7. AGE	YEARS <u>49</u>	MONTHS <u>0</u>	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>St. Louis Mo</u>				
FATHER	13. NAME <u>B. Liermann</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
MOTHER	15. MAIDEN NAME <u>Mary</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
17. INFORMANT <u>Ms. Rita Liermann</u> (ADDRESS) <u>Foley Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Cemetery</u> DATE <u>June 11, 1934</u>				
19. UNDERTAKER <u>Walter Keithly</u> (ADDRESS) <u>Box Monroe Mo</u>				
20. FILED <u>7-10</u> 19 <u>34</u> - <u>C. E. Powell</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1934

22. I HEREBY CERTIFY, that I attended deceased from Foley, 1934, to Waverly-3, 1934
 I last saw him alive on June 13-1934 Death is said to have occurred on the date stated above, at 3:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Passive Congestive
of Lung
and Arteriosclerosis
 Other contributory causes of importance
Cerebral Hemorrhage
and Arteriosclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis? usual 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? _____
 If so, specify P. V. Keeling (Signed) _____ M. D.
 (Address) E. Laberry, Mo.

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.

