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

JAN 9 1935

Do not use this space.

1818

1. PLACE OF DEATH
County Johnson
Township
City Warrensburg (No. St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No. 6

2. FULL NAME Wm Van Lieu

(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: 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 Sarah Van Lieu

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27. 1851

7. AGE: Years 83 | Months 5 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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 COUNTRY) Gandertown Ohio.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Susan Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Jim Van Lieu
(ADDRESS) Greenridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Jan. 10 1935

19. UNDERTAKER Sweeney - Phillips
(ADDRESS) Warrensburg Mo.

20. FILED 1-9 1935 Ezra Gentry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35, 19..., to 1-8-, 1935
I last saw h. alive on 1-8-, 1935. Death is said to have occurred on the date stated above, at 5:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-1-35

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) R. F. McKinney, M. D.
(Address) Warrensburg 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33