MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Platte
Township: ~~Loc.~~
City: Farley
Registration District No. 694
Primary Registration District No. 4716
(No. Farley, Missouri St. Ward)

File No. 7678
Registered No.

2. FULL NAME: Ernest Henry Niemann
(a) Residence, No. Farley, Missouri 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: Elizabeth Niemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, 1864

7. AGE: Years 72 | Months 11 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

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.: Retired,
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): Rising Sun, Indiana.

FATHER
13. NAME: Ernest F. Niemann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ----- Germany

MOTHER
15. MAIDEN NAME: Louise Borman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ----- Germany

17. INFORMANT: Mrs. Elizabeth Niemann (wife)
(ADDRESS) Farley, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Farley Cem. DATE: Feb. 27, 1937

19. UNDERTAKER: J. C. Davis Und. Co.
(ADDRESS) Leavenworth, Kansas.

20. FILED 2/27, 1937 Elizabeth Niemann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937, to Feb 25, 1937
I last saw h. alive on Feb 25, 1937. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcic hemolytic infection of abrasion of leg	Feb 18, 37

Other contributory causes of importance:
Arterio sclerosis

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 18, 1937
Where did injury occur? Barn lot
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Barn lot
Manner of injury: ~~[illegible]~~
Nature of injury: Abrasion of right leg

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: Farming

(Signed) J. R. Combs, M. D.
(Address) Leavenworth Kansas

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.

OCT 6 1950