

REC'D MAY 20 1938

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

Do not use this space.

14969

1. PLACE OF DEATH

County

Jasper

Registration District No.

417

File No.

Township

Primary Registration District No.

3021

Registered No.

36

City

Mt. City

(No. 1006)

SOUTH MADISON.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Henry C. Lisch

200

St.,

Ward.

(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

Cornelia Lisch

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

Mar 2 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

1

21

OCCUPATION

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

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Druggist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1

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

Chestert

Ill.

FATHER

13. NAME

Phillips A. Lisch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Grace (UNKNOWN)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Mrs. Cornelia Lisch

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mount Hope Cem

DATE 4/25 1938

19. UNDERTAKER (ADDRESS)

Mt. City Undert Co.

20. FILED APRIL 23 1938

L. B. Ditcher, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 23 1938

22. I HEREBY CERTIFY, That I attended deceased from

Mar 15 1938 to Apr 23 1938

I last saw him alive on Apr 22 1938

Death is said

to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Tubercular disease of upper lobe right lung
 Chronic bronchitis
 Coronary artery disease

Date of onset

Other contributory causes of importance:

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? No

If so, specify _____

(Signed) _____

M. D.

377

(Address) 208 Bee Joplin 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.

