

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

Do not use this space.

37468

1. PLACE OF DEATH

County Vernon
Township Centers
City Nevada

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 268
St. _____ Ward _____

2. FULL NAME

(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 Evelene V. Lieneman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
30 8 29

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Henry J. Lieneman

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

15. MAIDEN NAME Myrtle M. Schroder

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

17. INFORMANT John Lieneman (ADDRESS) Schell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Oct. 30, 1939

19. UNDERTAKER John Lieneman (ADDRESS) Schell City, Mo.

20. FILED Oct. 31, 1939 Allen E. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1939 to Oct. 29, 1939
I last saw him alive on Oct. 28, 1939 Death is said to have occurred on the date stated above, at 12:40 A.M.

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

Typhoid fever Date of onset Oct 9

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Sedal culture 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? No
If so, specify _____
(Signed) [Signature], M. D.
(Address) Nevada, 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.

JUL 20 1944

RECEIVED

District Health Officer No. 7,

District File Number 7-39-188D

Date Filed 11-7-39