

NOV 22 1936

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

Do not use this space.

40720

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Dickinson Primary Registration District No. 3011
City Excelsior Springs, Mo (No. _____) St. 3d Ward _____

2. FULL NAME NIESS, Harman 6013 East 16th St.
Veterans Administration Facility
(a) Residence, No. Excelsior Springs, Mo. St. _____ Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
40 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Warehouse U.S. Engrs.)
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Nebr.

FATHER 13. NAME Anton Niess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Caroline Leverman (deceased)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo DATE 11-6-36 19.

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Mo.

20. FILED 11-6-1936 Mrs. Bea Mc-Causlen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 0 Nov. 6, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1936, 19....., to Nov. 6, 1936, 19.....

I last saw h.....im alive on Nov. 6, 1936, 19..... Death is said

to have occurred on the date stated above, at 7:32 m. AM

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

Septicemia (staphylococcus citreus)

Cellulitis of the left buttox

Name of operation none Date of _____
What test confirmed diagnosis? Lab & X-Ray Was there an autopsy? No

28. If death was due to external causes (violence), specify 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, 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 Cellulitis
(Signed) H. C. HARDEGREE, MD, Clinical Director
Excelsior Vets. Admin. Facility
(Address) Excelsior Springs, Missouri

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH:

County Clay Registration District No. 198 File No. _____
 Township _____ Primary Registration District No. 3011 Registered No. _____
 City Excelsior Spg (No. _____) St. _____ Ward _____

2. FULL NAME Herman Gies

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
40 1 30

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 11-6 1936 Lorena McCracken Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Septicemia (Staphylococcus citreus) Date of onset _____

Other contributory causes of importance:

Cellulitis of the left buttox
Cause unknown

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? _____

If so, specify _____

(Signed) H. C. Hardegee M. D.

(Address) Vets Adm Serv Facility Excelsior Spg Mo

S-40720