

Lieland, John Bernard Francis (Frederick) 1856 - 1919

STATE OF OHIO BUREAU OF VITAL STATISTICS			
1 PLACE OF DEATH		494 CERTIFICATE OF DEATH	
County <i>Hamilton</i>	Registration District No. <i>3227</i>	File No. <i>1917</i>	
Township	Primary Registration District No.	Registered No.	
or Village	No.	General Hospital St., Ward	
or City of <i>Cincinnati</i>	(If death occurred in hospital or institution, give its NAME instead of street and number)		
2 FULL NAME <i>Fred Riefand Lieland</i>			
(a) Residence. No. <i>1513 Pleasant</i>		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		MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 Single, Married, Widowed or Divorced (write the word) <i>Single</i>	
16 DATE OF DEATH (month, day and year) <i>March 17 1919</i>			
17 I HEREBY CERTIFY, That I attended deceased from <i>Feb. 28</i> , 1919, to <i>March 17</i> , 1919, that I last saw him alive on <i>March 17</i> , 1919, and that death occurred, on the date stated above, at <i>11:30 a.m.</i>			
3a If married, widowed or divorced HUSBAND of (or) WIFE of		The CAUSE OF DEATH* was as follows:	
6 DATE OF BIRTH (month, day, and year) <i>May 4 - 1849</i>		<i>Broncho-Pneumonia following Influenza</i>	
7 AGE	Years <i>69</i>	Months <i>02</i>	Days <i>10</i>
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Houseman</i>		(duration) yrs. mos. ds.	
(b) General nature of industry, business, or establishment in which employed (or employer)		CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.	
(c) Name of employer		18 Where was disease contracted if not at place of death?	
9 BIRTHPLACE (city or town) (State or country) <i>Indiana</i>		Did an operation precede death? Date of	
10 NAME OF FATHER <i>Bernard Lieland</i>		Was there an autopsy?	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <i>Germany</i>		What test confirmed diagnosis? (Signed) <i>Walter G. Diet. Act. Supt. M. D.</i>	
12 MAIDEN NAME OF MOTHER <i>Mary Tolken</i>		<i>March 17, 1919 (Address) General Hospital</i>	
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <i>Germany</i>		*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)	
14 Informant <i>Henry Lieland</i>		19 PLACE OF BURIAL, CREMATION, OR REMOVAL <i>M. Marz</i>	
(Address) <i>1513 Pleasant St.</i>		DATE OF BURIAL <i>3/19/19</i>	
15 Registrar <i>Walter G. Diet.</i>		20 UNDERTAKER, License No. <i>H. H. Geo. Chau Co</i>	
File No. <i>MAR 19 1919</i>		ADDRESS <i>1511 Vias St</i>	