REC'D JUL 11 1939

See also

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

21917
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 211
(b) Township Marion — Primary Registration District No. 5291 — Registered No. 5
(c) City or — (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (f) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. PRINT FULL NAME Robert Geiger
(a) Residence, No. Centertown, Mo. St. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mary Geiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11th, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) ~~Ger~~ XXX Switzerland

FATHER
13. NAME Carl Geiger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Magaline Kratzer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Mrs. Robert Gieger
(ADDRESS) Centertown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cem. DATE July, 1st. 1939.

19. FUNERAL DIRECTOR (NAME) G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED June 30 1939 H. T. Leach M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 5 1939, to June 26, 1939
I last saw him alive on June 26, 1939. Death is said to have occurred on the date stated above, at 3-40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Don't Know

Other contributory causes of importance:
Invalid for more than a year — Paralyzed in lower extremities

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? ____ 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. T. Leach, M. D.
(Address) Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. REMEMBER THAT THIS IS A PERMANENT RECORD

932

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

G.N.Steffens, Registered Apprentice No.....

working under my personal supervision.

Signed G.N.Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

21917
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 211
(b) Township Marion — Primary Registration District No. 5291 — Registered No.
(c) City ... (d) Street No. ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Geiger

(a) Residence, No. ... St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

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. or ...min.
79	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..., 19... *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... 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:

	Date of onset
Chronic myo carditis	
Arteriosclerosis cerebral	
Apoplexy bulbar	
Paralysis 75 C	

Other contributory causes of importance:
Invalid for more than a year paralyzed in lower extremities following attack of influenza

Name operation ... 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. E. Leach, M. D.
(Address) Elston Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.