

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

Do not use this space.

20453

**1. PLACE OF DEATH**

County..... Harrison  
Township..... Jefferson  
City.....

Registration District No. 334  
Primary Registration District No. 5467

File No. 441  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jehemial F. Geyer

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-26-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 11 11

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER John H. Geyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER " " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) " " "

14. INFORMANT Harve Geyer (Address) Bethany Mo.

15. FILED 7/11 28 W J Hained REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-8 1928  
17.

I HEREBY CERTIFY That I attended deceased from 1-21, 1928, to 4-20, 1928 that I last saw h. alive on 4-20, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Primary Septicemia  
137 Pyelonephritis  
133A  
135A (duration) 4 yrs. 4 mos. 4 ds.

CONTRIBUTORY Practically (SECONDARY) (duration) 4 yrs. 4 mos. 4 ds.

18. WHERE (WAS) DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. 1925

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W J Hained M. D. 6-9 1928 (Address) Eagleville Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Logsdon Cemetery DATE OF BURIAL 6-9-1928

20. UNDERTAKER S W Hained ADDRESS Bethany Mo.

N. B.—Every item of information should be carefully supplied. AGES should be stated in full. PLACES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DING



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Jackson  
Township Jackson  
City Jackson (No. ....)

Registration District No. 334  
Primary Registration District No. 5-467

File No. ....  
Registered No. 441  
St. .... Ward

**2. FULL NAME**

Jeremiah F. Geyer

(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 (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-26-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 1 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) yrs. mos. ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

**14.**

INFORMANT ..... (Address)

**15.**

FILED ..... 19.....

J. H. Starned  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-8 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... that I last saw him ..... alive on ..... 19..... and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.  
, 19 (Address)

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

WRITE PLAINLY, WITH INK--THIS IS A PERMANENT RECORD

N. B. ... of info. ... be carefully supplied. AGE ... be stated EXACTLY. PHYSICIANS should state CAUSE ... that it may be properly classified. Exact statement of OCCUPATION is very important.

REG ... NOT ... A FEE FOR CERTIFICATES UNTIL TH... ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-20453