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

Do not use this space.

13912

85

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 493

City St. Joseph (No. 1310 North 22nd Street St. Ward)

2. FULL NAME John Geib

(a) Residence. No. 1310 North 22nd Street St., Ward. (If nonresident, give city or town and State)
(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.

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 Elizebeth Geib

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 23, 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	86	6	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Geib

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

12. MAIDEN NAME OF MOTHER Elizebeth Schumacher

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

14. INFORMANT Mrs Paul Zepp
(Address) 1310 North 22nd Street

15. FILED APR 10 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to Ex April 10, 1929 that I last saw him alive on April 10, 1929, and that death occurred, on the date stated above, at 1-55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

8 out

97 74a1

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D.

Apr. 10 1929 (Address) Kirkpatrick, 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	DATE OF BURIAL
Ashland Cemetery	April 12 1929
20. UNDERTAKER [signature]	ADDRESS 1802 Union St.

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD