JUN 27 1929

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

Do not use this space.

18793

File No.

Registered No. 25

1. PLACE OF DEATH

County: Marion

Township: Liberty

City: (No. St. Ward)

Registration District No. 5-48

Primary Registration District No. 5-740

2. FULL NAME Valentine Geltz

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

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~(HUSBAND OF)~~ ~~(OR) WIFE OF~~ Mary Geltz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Not	Known		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cobler
(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) Germany

PARENTS

10. NAME OF FATHER John Geltz

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Records, Marion Co. Court House
(Address) Palmyra Mo

15. FILED 6/28, 1929 [illegible]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1929, to May 27th, 1929, that I last saw him alive on May 26th, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatic cirrhosis (alcoholic)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic valvular (mitral) heart disease.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dont know

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. C. O'Neal, M. D

5-28, 1929 (Address) Palmyra 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: Palmyra Mo — DATE OF BURIAL: 5/29 1929

20. UNDERTAKER: A M Sprague — ADDRESS: Palmyra Mo.

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.

232
10
10
31