

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

Do not use this space.

14637

1. PLACE OF DEATH

County Jefferson
Township Waller
City Albata (No.)

Registration District No. 420
Primary Registration District No. 3027

File No.
Registered No.
St. Ward

2. FULL NAME Phillip Geib

(a) Residence. No. 810 77 4th St. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 39 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 0 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RR employee
(b) General nature of industry, business, or establishment in which employed (or employer) 1st
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Geib

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

12. MAIDEN NAME OF MOTHER Carlione Rubin

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

14. INFORMANT Amelia Coefer
(Address) See last mo

15. FILED 4/3 1930 Bell Paugley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from March 27 1930, to 4/27 1930 that I last saw him alive on 3/31 1930, and that death occurred, on the date stated above, at 7:10 a.m.

THE CAUSE OF DEATH, WAS AS FOLLOWS:
Chronic Nephritis - Hypertension -
131
102
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 131
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical examination
(Signed) W. A. Parkling 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 City Cemetery DATE OF BURIAL April 4, 1930

20. UNDERTAKER Richardson, MOTAERSHEAD ADDRESS Dedate 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.

JUN 27 1930

PARENTS

