

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

Do not use this space.

3648

1. PLACE OF DEATH  
 4 County Audrain Registration District No. 24  
 2 Township France Primary Registration District No. 4018  
 3 City Ladonna (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 23 FULL NAME Fredrick Geisel  
 (a) Residence, No. Ladonna Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

2 SEX Male 4 COLOR OF SKIN White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lita Geisel  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8-1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56      6      19  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Day laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) " " 2327  
 (c) Name of employer J.L. Wilkins  
 9. BIRTHPLACE (CITY OR TOWN) Clinton, Mo. 2  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Henry Geisel  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany 10  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Katharine Scher  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)  
 14. INFORMANT J. E. Geisel  
 (Address) Ladonna Mo.  
 15. FILED 2-29-1932 W.K. McCall REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27- 1932  
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 21-1932, 1932 to Feb. 27, 1932  
 that I last saw him alive on Feb. 27-1932, 1932; and that death occurred, on the date stated above, at 2-P m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
108  
 (duration) yrs. mos. 6 da.  
 CONTRIBUTORY (SECONDARY) 108  
 (duration) yrs. mos. da.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? Ladonna Mo. (P)  
 DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physicals signs  
 (Signed) W.K. McCall, M. D.  
2-29, 1932 (Address) Ladonna 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 Ladonna, Mo. DATE OF BURIAL Feb 29 1932  
 20. UNDERTAKER H. G. Granger, Ladonna, Mo. ADDRESS

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.

MAR 21 1932

PARENTS

