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

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.

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

Do not use this space.

40670

AN 27 1933 64

1. PLACE OF DEATH
County Marion
Township Warren
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 552
Primary Registration District No. 5745

File No. 15
Registered No. .....

2. FULL NAME Charles Noble Geer
(a) Residence, No. Warren Township St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 62 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1 8
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo. 1

FATHER
13. NAME DeForrest Geer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER
15. MAIDEN NAME Mary A. Affolter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 2 10

17. INFORMANT (ADDRESS) Miss Viola Geer Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra, Mo. DATE 12/16/32, 19

19. UNDERTAKER (ADDRESS) Lewis Brid Palmyra, Mo.

20. FILED Dec 15, 1932 Mrs Alta V. Wagner Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1932, to December 14, 1932
I last saw him alive on December 13, 1932. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic perforating (cholesteatomatous) otitis media with suppurating Labyrinthinitis, left side, with some chronic mastoiditis,

Date of onset: Stated by relatives to have been of two years duration

Other contributory causes of importance:
Brain abscess

Name of operation — Date of —
What test confirmed diagnosis? various special otologic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Noxon Toomey, M. D.
(Address) Palmyra Mo