

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.

FEB 23 1933

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

Do not use this space.

1. PLACE OF DEATH 85
 11 County... Buchanan Registration District No. 346
 5 Township Primary Registration District No. 1001
 9 City... St. Joseph (No. 1208 south 24 street St. _____ Ward) _____

2. FULL NAME Arthur Geiler
 (a) Residence, No. 1208 south 24 street 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2, 1904				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	2	17	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed			
	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) St. Joseph (STATE OR COUNTRY) Missouri				
FATHER	13. NAME Arthur H. Geiler			
	14. BIRTHPLACE (CITY OR TOWN) Omaha (STATE OR COUNTRY) Nebraska			
	15. MAIDEN NAME Bell Meyers			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) Willow Brook (STATE OR COUNTRY) Missouri			
	17. INFORMANT Arthur H. Geiler (ADDRESS) Agency Missouri			
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE Jan. 21 , 19 33				
19. UNDERTAKER H. C. Sidwupolen (ADDRESS) 1802 Union street St Joseph Mo.				
20. FILED 1-21 , 19 33 John R. Bender Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	January 19 , 19 33
22. I HEREBY CERTIFY, That I viewed I viewed remains deceased remains from January 19 , 19 33 , to _____, 19_____	
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated About 2:20 A. M.	
The principal cause of death and related causes of importance were as follows: Gunshot Wound (Suicidal) Date of onset 16/1	
Other contributory causes of importance: None	
Name of operation none	Date of _____ No
What test confirmed diagnosis? _____	Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicidal Date of injury _____, 19____ Where did injury occur? Home 1008 So. 14th (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Home Manner of injury Gunshot Wound Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? No If so, specify Forest Thomas Coroner (Signed) _____ M.D. (Address) 801 1/2 Felix	

