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

Do not use this space.

16700

File No. 2197

Registered No.

1. PLACE OF DEATH
County Jackson
Township Raw
City N. C. Mo. (No. Wesley Hays St. Ward)
Registration District No. 398
Primary Registration District No. 398

2. FULL NAME Frank A. Geisert
(a) Residence, No. 3312 Garfield 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 Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-19-1869

7. AGE YEARS 63 MONTHS 8 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rooming House
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) Wisconsin

FATHER
13. NAME August Geisert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Mrs. Helen Geisert
(ADDRESS) 3312 Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Menomina Wisc. DATE 5/22/33

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn

20. FILED May 23, 1933 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 22, 1933
I last saw him alive on May 21, 1933 Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:
General Peritonitis — Date of onset
1178
129
1178
Other contributory causes of importance:
Perforated Duodenal ulcer

Name of operation Drained Abdom Cavity Date of 5-21-33
What test confirmed diagnosis? Visual Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) J. F. Mackey, M. D.
(Address) Professional Bldg

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.

33, v. Adams
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