

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Pike
 Township Shaver
 City Curryville mo.

Registration District No. 686Primary Registration District No. 41 11File No. 13859Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Geery6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Louisiana Mo13. NAME Solomon Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Clina Scanland16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bedford17. INFORMANT: J. H. Geery
(ADDRESS) Curryville mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Air DATE Apr. 30 193419. UNDERTAKER W. B. E. Emore
(ADDRESS) Curryville mo

20. FILED _____ 19 _____ Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 193422. I HEREBY CERTIFY, That I attended deceased from April 20 - 1932 to Apr 28 - 1934
I last saw her alive on April 22, 1934. Death is said to have occurred on the date stated above, at 40 a.m.

The principal cause of death and related causes of importance were as follows:

multiple carcinomas Date of onset 46-3
stomach, liver
uterus 52

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera Was there an autopsy? no23. 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.

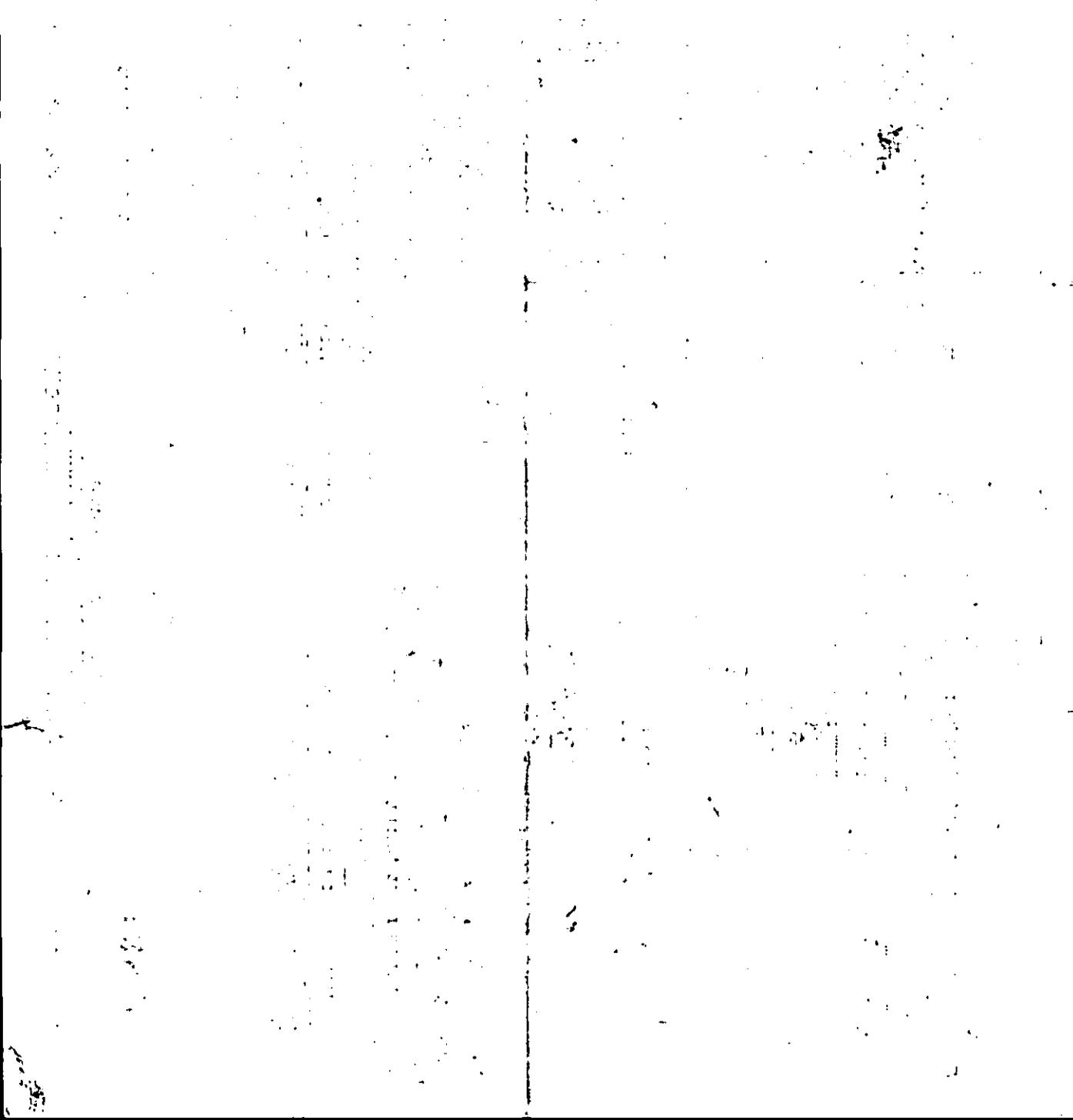
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul E. Cook, M. D.
(Address) Curryville mo



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pike
Township
City Curryville (No.)

Registration District No. 686
Primary Registration District No. 4410

File No.
Registered No.
St. Ward)

2. FULL NAME

Alpha Helen Geery
(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J W Geery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1861
7. AGE YEARS 73 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Lawrence, Mo

FATHER
13. NAME Salmon Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Edisona Denmark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Frankford

17. INFORMANT (ADDRESS) J W Geery Curryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Air DATE Apr 30 1934

19. UNDERTAKER (ADDRESS) U. B. Elmore Southing Green

20. FILED April 30 1934 Mrs Gene Hendrix Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1934

I HEREBY CERTIFY, That I attended deceased from Apr 20 to Apr 28, 1934
I last saw her alive on Apr 22, 1934 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

myocardial infarction Date of onset
stroke
hypertension

Other contributory causes of importance 1/6
Rectum 10 years ago.

Name of operation
What test confirmed diagnosis Chemical Date of
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) Paul E. Cail, M. D.
(Address) Curryville Mo

S-13859