JAN 14 1935

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

Do not use this space.

File No. 42014

Registered No. [illegible]

1. PLACE OF DEATH

County: Buchanan, Registration District No.: 55

Township: Primary Registration District No.: [illegible]

City: St. Joseph, (No. 2501 Frederick Boulevard, St. Ward)

2. FULL NAME Jacob Geiger,

(a) Residence, No. 2501 Frederick Blvd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? 77 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Geiger,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1843

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
88	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medical

10. Date deceased last worked at this occupation (month and year) December 1924, 11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Obernau, Wurtemberg, Germany,

FATHER

13. NAME Antone Geiger,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

MOTHER

15. MAIDEN NAME Maria Bonnet,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

17. INFORMANT Mrs. Jacob Geiger
(ADDRESS) 2501 Frederick Boulevard,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora (Cem.) DATE Dec. 11th, 1934

19. UNDERTAKER Heaton-Bittel-Bowman
(ADDRESS) 219 N. 10th St. Igoe Hotel

20. FILED 12-10, 1934 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1934 to Dec. 8, 1934

I last saw alive on Dec. 8, 1934 Death is said to have occurred on the date stated above, at 9:15 p.m.

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

	Date of onset
Coronary Occlusion	

Other contributory causes of importance: [illegible]

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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? —

If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

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.

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