

FEB 26 1935

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

Do not use this space.

1883

1. PLACE OF DEATH

County Lafayette

Registration District No. 466

File No.

Township

Primary Registration District No. 4279

Registered No. 4

City Wellington (No.)

St. Ward)

2. FULL NAME

Elizabeth Geiger

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Adolph Geiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 8 - 1860

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>3</u>	<u>17</u>	

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

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

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) Switzerland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT Mrs. E. N. Berensberg (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Adolph Geiger Home, Jamustown, Mo. DATE Jan - 27 - 1935

19. UNDERTAKER (ADDRESS) J. P. ...

20. FILED Jan 26 1935 F. W. Mason Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 25 - 1935

22. I HEREBY CERTIFY that I attended deceased from Jan. 16th 1935 to Jan 25th 1935 last saw her alive on Jan 17th 1935. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Apoplexy of Brain Date of onset

Other contributory causes of importance: Stroke

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) R. B. Watts, M. D. (Address) Wellington, Mo.

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.

WHITE PAPER, WITH UPDATING INK—THIS IS A PERMANENT RECORD

