

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.

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

Do not use this space.

APR 2 1935

7744

1. PLACE OF DEATH

County Scott Registration District No. 1151
 Township # Mansfield Primary Registration District No. 6065A
 City (No.) St. Ward

File No. _____
 Registered No. _____

2. FULL NAME

Daniel J. Georger
 (a) Residence, No. Benton Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Georger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26-1880</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1935
 22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1935, to Feb 18, 1935
 I last saw him alive on Feb 18, 1935 Death is said to have occurred on the date stated above, at 4:30 pm.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____
Septicemia from Rabies dog bite.
 Other contributory causes of importance: _____

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott</u>
	13. NAME <u>Daniel Georger</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Co Mo</u>
	15. MAIDEN NAME <u>Regina Marber</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Co Mo</u>	17. INFORMANT (ADDRESS) <u>Louis Berger Benton Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kelso Am.</u> DATE <u>Feb 20 1935</u>
19. UNDERTAKER (ADDRESS) <u>Duke Walters Kelso Mo</u>	20. FILED <u>Feb 19 1935</u> <u>H. A. Haw</u> Registrar. <u>H. H. Gay</u>

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) W. P. Haw, M. D.
 (Address) Benton Mo

