

**JUN 21 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16801

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3320
City Cartersville (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Lee Orville Giesel Ward _____
(Usual place of abode) McCune - Brooke Hospital (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Marion (STATE OR COUNTRY) Missouri

13. NAME Charles O. Giesel

14. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Leila Scott

16. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Missouri

17. INFORMANT Charles Giesel (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Cem DATE 5/19 1935

19. UNDERTAKER Leater Bros (ADDRESS) Jasper Mo

20. FILED May 19 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to May 17, 1935. I last saw him alive on May 17, 1935. Death is said to have occurred on the date stated above at 9:30 p.m.

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

acute Cerebro-spinal meningitis. Date of onset 5/14/35
Spinal fluid cultures showed 2 organisms.
Other contributory causes of importance:
(1) Meningococcus
(2) non-hemolytic Streptococci

Name of operation none Date of _____
What test confirmed diagnosis? Lab 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) George H. Wood, M. D.
(Address) Cartersville Mo

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.

