

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

Do not use this space.

DEC 19 1935

36627

1. PLACE OF DEATH

County Livingston Registration District No. 505
 Township Primary Registration District No. 3-26
 City Lehlicolite (No. St. Ward)

2. FULL NAME

Eugene L. Geary
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Geary
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23-1901
 7. AGE YEARS 34 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage
 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) South Dakota
 13. NAME William Geary
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
 15. MAIDEN NAME Hannah Jacobson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lehigh
 17. INFORMANT Emma Geary
 (ADDRESS) 5a Pleant S.D.
 18. BURIAL, CREMATION, OR REMOVAL PLACE 5a Pleant S.D. DATE Dec 2 1935
 19. UNDERTAKER Jas D Gordon
 (ADDRESS) Lehlicolite Mo
 20. FILED Nov 25 1935 Ronald M. Daulton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-27, 1935
 22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1935 to Nov 27 1935
 I last saw him alive on Nov 27 1935 Death is said to have occurred on the date stated above, at 2 a. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Nov 19 1935

Other contributory causes of importance:
 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? No
 If so, specify
 (Signed) Eugene L. Geary, M. D.
 (Address) Lehlicolite 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.

JUL 30 1957

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