

MAY 15 1936

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

Do not use this space.

15442
2162

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township _____ Primary Registration District No. _____
City W.C. Mo. (No. Wesley Hosp) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Chas H Geur
(a) Residence No. Wesley Hospital Ward. Barker Kansas
(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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 14

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

FATHER
13. NAME Joseph Geur

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

MOTHER
15. MAIDEN NAME Rachel Walters

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

17. INFORMANT (ADDRESS) Mrs P J Coe Beer 3239 Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Parker Home DATE April 25 1936

19. UNDERTAKER (ADDRESS) Chas M... 1800...

20. FILED 4-25-36 m m Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-36, 19

22. I HEREBY CERTIFY that I attended deceased from _____, 19

I last saw Deputy Coroner on _____, 19. Death is said

to have occurred on the date stated above, at 2:15 PM.

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

Automobile Trauma
Crushing Injury Chest
Heart Failure
In a Car (Driving)
Other contributory causes of importance: 210 m

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-25-36

Where did injury occur? Esper, Kansas
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Street

Manner of injury Accident
Nature of injury Crushing Injury Chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Russell W Ben, M. D.
(Address) ...

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

