JUL 13 1936

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

Do not use this space.

22066

File No. 836

Registered No.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township ~~Washington~~

Primary Registration District No. 1001

City St. Joseph, Mo (No. St. Joseph Hospital St. Ward)

2. FULL NAME Fred Geer

(a) Residence, No. Highland, Kansas 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. 7 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 Ella Geer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1871

7. AGE: Years 65 | Months 1 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

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) June 1936

11. Total time (years) spent in this occupation 45yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gridley Kansas

FATHER

13. NAME John J. Geer

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

MOTHER

15. MAIDEN NAME Sarah Watts

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

17. INFORMANT Mrs Ella Geer (ADDRESS) Highland Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland, Kansas DATE June 21, 1936

19. UNDERTAKER Hayden-BeGole & Bowman (ADDRESS) 319 South 10 Street

20. FILED June 22, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-14-, 1936, to 6-21-, 1936

I last saw him alive on 6-21-, 1936. Death is said to have occurred on the date stated above, at 10:15 AM.

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

	Date of onset
Peritonitis - general	6-10-36
appendicitis	6-10-36

Other contributory causes of importance:

Name of operation Appendectomy Date of 6-14-36

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Paul Jungmann, M. D.

(Address) St Joseph, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD