

SEP 29 1936

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

Do not use this space.

31003

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Keokuk Primary Registration District No. 1002
City Keokuk (No. 7-C Gen. Hosp.) St. _____ Ward _____

File No. _____
Registered No. 3502
St. _____ Ward _____

2. FULL NAME Charles Giese

(a) Residence, No. 1016 Jefferson Ward _____
(Usual place of abode)
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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irina Giese
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 8
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) (STATE OR COUNTRY) Germany
13. NAME Chas. Giese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Donis Knorr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Chas. Giese, Leavenworth, Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth, Kans DATE 8/19/36 19.

19. UNDERTAKER (ADDRESS) Johnnie Turner Home, Leavenworth, Kans

20. FILED 8/17/36 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17 1936
22. I HEREBY CERTIFY, That I attended deceased from 8-17 1936 to 8-17 1936
I last saw him alive on 8-17 1936. Death is said to have occurred on the date stated above, at 8:22 a.m.
The principal cause of death and related causes of importance were as follows:

Heat Prostration Date of onset 19/1

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? _____
If so, specify _____
(Signed) J. J. Giese, M. D.
(Address) 1016 Jefferson, Keokuk, Mo.

