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.

MAN 26 1937

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

Do not use this space.

45979

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No.
Township St Francois — Primary Registration District No. 4464 — Registered No. 214
City Farmington (No. ..... St. ..... Ward)

2. FULL NAME Johannetta Caroline Giessing
(a) Residence, No. Farmington Mo St., 516 St Geneva Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850 March 23

7. AGE: YEARS 86 — MONTHS 8 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker
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) 1 year
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Christian Reuter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Becker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Lizzie Giessing

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran Cemetery DATE Dec 3 1936

19. UNDERTAKER (ADDRESS) Farmington Mo

20. FILED Dec 2 1936 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 1936, to Dec 2, 1936
I last saw her alive on Dec 2, 1936 Death is said to have occurred on the date stated above, at 9:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	? 1934
Other contributory causes of importance:	
Gen Arterio sclerosis	1930
Chr. Cystitis with Hemorrage from bladder	Sept 1936

Name of operation None — Date of ✓
What test confirmed diagnosis? Clinical & Laboratory — 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) B. J. Robinson, M. D.
(Address) Farmington Mo