WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2
1

1. PLACE OF DEATH
68 County Montana
3 Township ~~Fox~~
0 City Jamestown (No. ..... St. ..... Ward)

Registration District No. 574
Primary Registration District No. 4338

File No. 3483
Registered No. .....

2. FULL NAME Charles Arlene Geiger 220

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26-1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	3	5	

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

FATHER
13. NAME Walter Theodore Geiger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamestown

MOTHER
15. MAIDEN NAME Andrea P. Gentzsch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamestown

17. INFORMANT (ADDRESS) Walter Theodore Geiger

18. BURIAL, CREMATION, OR REMOVAL Evangelic
PLACE Jamestown DATE Feb 1 1938

19. UNDERTAKER (ADDRESS) Chas Fullrich

20. FILED Jan 31, 1938 Mrs Abbie Oneal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1938, to 1-31, 1938
I last saw him alive on 1-30, 1938 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	
Pertussis	1/2/38

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) A L Meredith, M. D.
(Address) Prairie Home Mo

RECEIVED
FEB 28 1938
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MO. STATE BOARD OF HEALTH