

REC'D JAN 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Gentry

Registration District No. 309

Township Howard

Primary Registration District No. 5434

City

(No. _____)

File No. 43043

Registered No. 67

St. _____

Ward _____

2. FULL NAME Lila Waver Geyer

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1938, to Dec 17, 1938

I last saw her alive on Dec. 16, at 11:30 a.m., 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1938

to have occurred on the date stated above, at 3:30 p.m.

7. AGE

YEARS 0

MONTHS 1

DAYS 6

If LESS than 1 day, _____ hrs. or _____ min.

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

Broncho-pneumonia

Date of onset 12/15/38

OCCUPATION

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Gentry Co., Mo.
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME Jesse Geyer

14. BIRTHPLACE (CITY OR TOWN) Harrison County, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Verdy Allen

16. BIRTHPLACE (CITY OR TOWN) Harrison County, Mo.
(STATE OR COUNTRY)

17. INFORMANT Jesse Geyer
(ADDRESS) Allen, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wagoner Cem. DATE Dec. 18, 1938

19. UNDERTAKER Brans Mort.
(ADDRESS) Denver, Mo.

20. FILED Dec. 21, 1938

W. T. Martin
Registrar

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 5

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) J. H. Staley

(Address) 800

Denver, Mo.

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.

107a

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

43043 Do not use this space.

1. PLACE OF DEATH (a) County: Henry (b) Township: Howard (c) City: (d) Street No.: (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. Registration District No.: 309 Primary Registration District No.: 5434 Registered No.: PRINT FULL NAME: Lela Wave Geyer (a) Residence, No.: St.: (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX: F 4. COLOR OR RACE: W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: S 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as 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) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED 19. Local Registrar.

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1938 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Broncho Pneumonia (Primary) Date of onset: 10/12 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. H. Hailley M.D. (Address) Denver, Mo.

SUPPLEMENTARY

