

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.

15090

APR 30 1930

1. PLACE OF DEATH

County Sullivan
Township Green
City Green City (No.)

Registration District No. 849
Primary Registration District No. 6115

File No.
Registered No. 94
St. Ward)

2. FULL NAME

Robert I Geigler

(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)

married

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

Mabel Geigler

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

Sept. 24-1876

7. AGE

YEARS
53

MONTHS
6

DAYS
9

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Garage Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Solomon Geigler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Amanda Shipley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

14.

INFORMANT

Mrs Mabel Geigler
Green City - Mo

15.

FILED

April 30 Miss Kate Lane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

April 3 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1930, April 3, 1930 that I last saw him alive on April 2, 1930, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia of left side of body
82D

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

75 W

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) D. M. Riggins, M. D.

, 19 (Address) Green City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Int. Olivet Cem 4/4 1930

20. UNDERTAKER

ADDRESS

Glenn E Keef Green City
Mo

