

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.

AUG 11 1938

24751

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 16th & Seymore Streets St. _____ Ward _____)

2. FULL NAME John Geasala
 (a) Residence, No. _____ St. _____ Ward. R F D 6 St. Joseph,
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth 35 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1894

7. AGE YEARS 44 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

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) July 1, 1938 11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria, Cracow.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria, Cracow.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria, Cracow.

17. INFORMANT (ADDRESS) Paul Nakoneczny, R F D 6 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery, St. Joseph, Mo. DATE July 12, 1938

19. UNDERTAKER (ADDRESS) H O Sidenfaden & Son, 1802 Union Str St. Joseph,

20. FILED 7/11 38 W. J. Nestle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1938 viewed _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ pm.

The principal cause of death and related causes of importance were as follows:
Injuries received when run over by Auto on So. 16th road Date of onset _____

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7/9, 1938
 Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Ran over by Auto
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signature) A. W. Tadlock - Coroner M. D.
 (Address) King Hill Bldg.

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