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

APR 30 1930

1. PLACE OF DEATH
County St. Francois Registration District No. 773
Township Fairmount Primary Registration District No. 4464
City Fairmount (No.) St. (Ward) ...

2. FULL NAME John Giessing
(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 49 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 Johonette Giessing
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 - 1852
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 1 30
8. OCCUPATION OF DECEASED.
(a) Trade, profession, or particular kind of work. Retired Miller
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iron Mountain
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Harold Giessing
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Hornum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Lizzie Giessing
(Address) Fairmount, Mo.

15. FILER 3/15/30 B. J. Coburn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1930
17. I HEREBY CERTIFY, That I attended deceased from Mar. 10 1930 to Mar. 12 1930 that I last saw him alive on Mar. 12 1930 and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
107A 1000
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) (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? Chemical
(Signed) R. Appleberry, M. D.
, 19 (Address) Fairmount, 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 Luxham Cemetery DATE OF BURIAL March 16 1930
20. UNDERTAKER Fairmount Lumber Co. Fairmount, Mo. ADDRESS

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.

