

FEB 24 1936

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

Do not use this space.

2714

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City (No. St. Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 3

2. FULL NAME

John Wesley Geergain
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliabeth Geergain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 18 1872</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation.....
	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).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois County Mo</u>		
FATHER	13. NAME <u>Andrew C. Geergain</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nordeston Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Lucinda Westover</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Louis Geergain St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Farmington</u>	DATE <u>Jan. 5 1936</u>
19. UNDERTAKER (ADDRESS) <u>J. S. Gault Leadwood</u>		
20. FILED <u>Jan 4 1936 T. J. Robinson Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 1936

22. I HEREBY CERTIFY, that I attended deceased from June 19 1934, to Jan 2nd 1936. I last saw him alive on Jan 2 1936. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:
General Senility
Arterio Sclerosis
Chronic Bronchitis
Chronic Int. Nephritis
Other contributory causes of importance
131

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.
If so, specify
(Signed) P. Appleberry, M. D.
(Address) Farmington, 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.

