

MANIFEST Part of EASTPORT, IDAHO MAR 5 - 1937 Serial No.

Family name **GEIER** Given name **Leta** Accompanied by

No. Place and date of issue Section and subdivision Act of 1924: Quota country charged R.P. No. P.V. No.

Place of birth, town, country, etc. **Ind. Ind.** Age **3** Yrs. **3** Sex **F** M. **S.** Occupation **Domestic** Read **Y** Write **Y**

Language or exemption **Eng** Nationality **Can** Last permanent residence (town, country, etc.) **Ind. Ind.**

Name and address of nearest relative or friend in country whence emigrating **Father Wm. Shawmeyer Ind. Ind.**

From U.S. from **Ind. Ind.** To **Ind. Ind.** Where **Ind. Ind.** Passage paid by **Ind. Ind.**

Destination, name and complete address of relative or friend to join there **Ind. Ind.**

Ever arrested and deported, or excluded from admission **Ind. Ind.** Purpose in coming and time remaining **Ind. Ind.**

Held tax status **Ind. Ind.** Height **5 ft 2 in** Complexion **Ind. Ind.** Hair **Ind. Ind.** Eyes **Ind. Ind.** Distinguishing marks **Ind. Ind.**

Support and date of landing, and name of steamship **Ind. Ind.** Con. Im. identification card No. **Ind. Ind.**

Inspected by **Ind. Ind.** Previously examined at **Ind. Ind.** Date **Ind. Ind.** Previous disposition **Ind. Ind.** Reason for P. I. **Ind. Ind.**

U.S. DEPARTMENT OF LABOR, Immigration and Naturalization Service. Form 15-37 14-2140

DISPOSITION BEFORE U.S.A. VISITORS OR TRANSITS

Deferred for and date **Ind. Ind.** Requested as and date **Ind. Ind.** Visitor 514 No. **Ind. Ind.** Transit 514 or U.S. Line and Ticket No. **Ind. Ind.**

Date reported **Ind. Ind.** Duration and date **Ind. Ind.** Date admitted **Ind. Ind.** File No. **Ind. Ind.** Steamship **Ind. Ind.** Period limited at end date **Ind. Ind.**

MEDICAL CERTIFICATE

Affected with **Ind. Ind.**

Part of body affected **Ind. Ind.**

Inspector, U.S. Public Health Service

REMARKS AND ENDORSEMENTS

Ind. Ind.

Ind. Ind.

U.S. DEPARTMENT OF LABOR, Immigration and Naturalization Service. Form 15-37 14-2140