

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

Do not use this space.

5924

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.

MAR 21 1929

1. PLACE OF DEATH
 County Cooper Registration District No. 218
 Township Boonville Primary Registration District No. 5298
 City Boonville, Mo. (No.) (St.) (Ward)

2. FULL NAME August (Gus) Oswald
 (a) Residence No. Near Boonville, St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
<u>64</u>	<u>7</u>	<u>5</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman On Farm
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Cooper County
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Herman Oswald

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Christina Youngcamp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Germany

14. INFORMANT Joseph Oswald
 (Address) 627 Spruce Boonville Mo.

15. FILED Feb 12 1929 McKinley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 8 1929, to Feb 10 1929
 that I last saw him alive on Feb 10 1929, and that death occurred, on the date stated above, at 12:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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? Clinical

(Signed) A. van Ravenswaay, M. D.

(Address) Feb 11, 1929

*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

Ss. Peter & Paul

Feb 13 1929

20. UNDERTAKER

ADDRESS

Schweitzky-Meister Boonville

