

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

Do not use this space.

31723

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Precinct Registration District No. 003

File No.
Registered No. 8965
St. Ward)

2. FULL NAME

Buell Gesteineau

(a) Residence. No. Piedmont, Mo. St., 19 Ward. Piedmont, Mo.

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>13</u>	<u>10</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Ray Gesteineau

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

12. MAIDEN NAME OF MOTHER Hazel Howell

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

14. INFORMANT Ray Gesteineau
(Address) Piedmont, Mo.

15. FILED 3 1928 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1928, to Sept 5, 1928, that I last saw him alive on Sept 5, 1928, and that death occurred, on the date stated above, at 7:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple Osteomyelitis
(Staphylococcus aureus)
non tubercular
(duration)..... yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Bronch. pneumonia
Secondary Osteomyelitis
(duration)..... yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF 8-8-28, 8-11-28
WAS THERE AN AUTOPSY?..... no
WHAT TEST CONFIRMED DIAGNOSIS ph. ex. - reactions
(Signed) G. J. Little, M. D.
9-5-1928 (Address) St. Louis Children Hosp.

*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 Ellington, Mo. DATE OF BURIAL Sept 7 1928

20. UNDERTAKER Philander Craig Woodruff ADDRESS 14808

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.

aureus