

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.

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

Do not use this space.

34005

## 1. PLACE OF DEATH

County Jefferson  
Township Wesley  
City Wesley (No. \_\_\_\_\_)

Registration District No. 420  
Primary Registration District No. 302W

File No. \_\_\_\_\_  
Registered No. 43  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Kenneth Daniel Oster

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 8 11

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shop worker  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Fort Collins  
(STATE OR COUNTRY) Colorado

10. NAME OF FATHER Andrew Oster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fort Collins  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Emma Battreal

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

14. INFORMANT Mrs. Andrew Oster  
(Address) Wesley Mo

15. FILED 11/3 1928 REGISTRAR D. H. Duggan

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 3:10 a m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia Lobar  
HA (duration) yrs. mos. 8 da.  
CONTRIBUTORY Influenza  
(SECONDARY) (duration) yrs. mos. 5 da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) F. A. Elders, M. D.

(Address) De Soto 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 Valley Baptist

DATE OF BURIAL Oct 30 28

20. UNDERTAKER Bennett Wesley

ADDRESS \_\_\_\_\_

