

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

Do not use this space.

13641

MAY 2 1929

1. PLACE OF DEATH

County Hasen Registration District No. 882
 Township Wichman's Grove Primary Registration District No. 4535
 City Wright City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 6

2. FULL NAME

Geo. J. B. Oswald

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 16 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. _____ min.
77. 3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Franklin Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Gatewood

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

12. MAIDEN NAME OF MOTHER Therese Kaysman

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

14. INFORMANT Miss Isobeth Oswald
 (Address) Wright City Mo

15. FILED 3/16/29 Ed. Lusmeier, M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Mar 15th, 1929, that I last saw him alive on Mar 14, 1929, and that death occurred, on the date stated above, at 8:20 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY) 129a

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 _____

(Signed) M. Clarrubach, M. D.
3/16, 1929 (Address) Wright City 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 Wright City Cemetery DATE OF BURIAL 3/17/1929

20. UNDERTAKER Chas. Wilson Wright City Mo
 ADDRESS _____

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.

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