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

Do not use this space.

34597

1. PLACE OF DEATH
County Oregon — Registration District No. 636 — File No.
Township King — Primary Registration District No. 5840 — Registered No. ~~36~~ 37
City (No. St. Ward)

2. FULL NAME ~~Gre~~ Godfried Oesch
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 29 mos. ds. How long in U. S., if of foreign birth? yrs. 29 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Maried
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Delacy Josephine Oesch
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 24-1853
7. AGE: YEARS 76 — MONTHS 3 — DAYS 9 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Burn. Switzerland

PARENTS
10. NAME OF FATHER: Christian Oesch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Babara Burget
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT: J Richard Brooks
(Address) Alton Mo

15. FILED 10/18 1929 Enoch Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 3 1929
17. I HEREBY CERTIFY, That I attended deceased from March, 1929, to October 3, 1929, that I last saw him alive on Sept, 1929, and that death occurred, on the date stated above at 4:45 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurism Sinfaorta
(duration) 1 yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
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? Proctor
(Signed) C A Proctor, M. D.
10/4, 1929 (Address) Doniphan 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: Willderness — DATE OF BURIAL: 10/7 1929
20. UNDERTAKER: A L Carr — ADDRESS: Thayer Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state