

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

Do not use this space.

9448

1. PLACE OF DEATH

39 County Gasconade Registration District No. 306
Township Panaan Primary Registration District No. 6427
City (No.) St. 7 Ward

2. FULL NAME Alfred Oscar Henry Niewald

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant son of David E. Niewald
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 0 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosebud Mo. REED

FATHER 13. NAME John L. Niewald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosebud Mo R 2

MOTHER 15. MAIDEN NAME Edna Wehmyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) John L. Niewald

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosebud Mo. DATE 3-13-1931

19. UNDERTAKER (ADDRESS) W.F. Gattenstrater Owensville Mo

20. FILED 3-18 1931 J. J. Perrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1931 to March 10 1931.
I last saw him alive on Feb 25 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

accidental death from choking grain of corn caught in trachea
Date of onset 3-10-31

Other contributory causes of importance: 194 A

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 3-10 1931
Where did injury occur? at home, Rosebud, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury asphyxiated by grain of corn from iron pipe
Nature of injury 110

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Joseph W. Mills M. D.

(Address) Owensville Mo

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.

APR 2 1931

