

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

Do not use this space.

31538

1. PLACE OF DEATH

County Jackson
Township Providence
City (No.)

Registration District No. H00
Primary Registration District No. 333B

File No.
Registered No. 165
St. Ward)

2. FULL NAME

(a) Residence, No. Thomas Oswald 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-28-1858</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Engineer</u>	
	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) Arborea

FATHER 13. NAME Thomas M Oswald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT J. W. Hasletter
(ADDRESS) J. C. Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Sept 3 1931

19. UNDERTAKER Garvey Undertaking Co
(ADDRESS) Independence, Mo

20. DEED Sept 3 1931 Registrar J. J. Jones

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-16 1931, to 9-1 1931

I last saw him/her alive on 8-31 1931. Death is said

to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Intentional nephritis Date of onset

Other contributory causes of importance:

Renality

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) J. H. Schrock, M. D.

(Address) Independence, 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.

1931

