

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

Do not use this space.

NOV 22 1934

1. PLACE OF DEATH  
 County Callaway, Registration District No. 104 File No. 38710  
 Township ..... Primary Registration District No. 3008 Registered No. 279  
 City Fulton, Mo, (No. ....) St. .... (Ward) .....

2. FULL NAME ~~FRANK OESTRICH~~ George Oestreich,  
 (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. 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) Married,  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs, Emma Oestrich, (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 15th, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 9 29

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor,  
 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 .....

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill,  
 13. NAME Henry Oestrich, ##  
Oestreich )  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill,  
 15. MAIDEN NAME Susie Jahling,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Mrs. George Oestrich,  
 (ADDRESS) Fulton, Mo,  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cemetery Nov, 15th, 1934  
 19. UNDERTAKER Herndon-Taylor Furn-Co,  
 (ADDRESS) Fulton, Mo,  
 20. FILED 11/14/34 1934 R. N. Crews  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1934 to Nov 14 1934  
 I last saw him alive on Oct 13 1934. Death is said to have occurred on the date stated above, at 3, 45A, M, m.

The principal cause of death and related causes of importance were as follows:  
Stone in common duct of Gall.  
126 126  
 Other contributory causes of importance:  
Cholecystectomy

Name of operation Cholecystectomy Date of Nov 8/34  
 What test confirmed diagnosis? operation Was there an autopsy? .....

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? .....  
 If so, specify .....  
 (Signed) R. N. Crews, M. D.  
 (Address) Fulton Mo.

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.

