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.

SEP 19 1935

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

Do not use this space.

26109

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township — Primary Registration District No. 3016 — Registered No. 88
City Washington, Mo (No. ..... St. ..... Ward)

2. FULL NAME Charles F. Niewald
(a) Residence, No. Villa Ridge, Mo St., ... Ward. Villa Ridge, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. 1 mos. 10 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 ~~(OR) WIFE OF~~ Annie Niewald (nee Drewel)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1888

7. AGE: YEARS 45 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) Aug 1st 1934
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville, Mo R.F.D.

FATHER
13. NAME Fred W. Niewald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Mo R.F.D.

MOTHER
15. MAIDEN NAME Minnie Drewel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wollam Mo Wollam Mo

17. INFORMANT (ADDRESS) Fred P. Niewald R.F.D. Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Presbyterian Ch
PLACE Drake, Mo DATE 8/17/35 19

19. UNDERTAKER (ADDRESS) Nieburg & Vitt Inc Washington Mo.

20. FILED Aug 16 1935 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935, to Aug 13, 1935
I last saw him alive on Aug 13, 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Aug 1/35

Other contributory causes of importance:
Typhoid Fever
Ambulantory

Name of operation ✓ Date of ✓
What test confirmed diagnosis? X Ray 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? No
If so, specify ✓
(Signed) A. L. Innerch, M. D.
(Address) Washington Mo