

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.

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

Do not use this space.

JUN 27 1936

19479

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City, Mo.

Registration District No. 399

Primary Registration District No. 1002

File No.
Registered No. 2435
St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</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>Alice Gertrude Oswald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6, 1897</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>7</u>
	DAYS <u>6</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>Railroad Brakeman</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) <u>Apr. 17, 1936</u>	
	11. Total time (years) spent in this occupation <u>17 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greeley Kansas</u>		
FATHER	13. NAME <u>Peter Oswald</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greeley Kansas</u>	
	15. MAIDEN NAME <u>Nellie Walteys</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miami County Kansas</u>	
	17. INFORMANT <u>Alice Gertrude Oswald</u> (ADDRESS) <u>Osawatomie, Ks.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osawatomie, Kan.</u> DATE <u>May 15, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Stine + McClure 3235 Millhauweg</u>		
20. FILED <u>May 14, 1936</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1936 to May 12, 1936

I last saw him alive on May 11, 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Date of onset Apr 15-36

Other contributory causes of importance:
10

Name of operation None Date of

What test confirmed diagnosis? Physic 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) J. C. Caswell, M. D.
(Address) 822 Ogden Bldg
H. B. ...

