

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

PLACE OF DEATH
County Pitts
Township Houstonia
or
Village Houstonia
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 65 File No. 13998
Primary Registration District No. 5885 Registered No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Andrew Osborne

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Widower

DATE OF BIRTH Apr 12 1846
(Month) (Day) (Year)

AGE 66 yrs. 10 mos. 29 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed 501

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 10, 1913, to March 10, 1913, that I last saw him alive on March 10, 1913, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:
Hepatic abscess
31

BIRTHPLACE (City or town, State or foreign country) Illinois

PARENTS

NAME OF FATHER Ephrem Osborne

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill.

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) " " "

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Smith M. D.
Apr 9 1913 (Address) Houstonia

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Osborne

(ADDRESS) Houstonia Mo.

Filed Apr 9 1913 C. L. P. [Signature] REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. in the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Houstonia Mo. DATE OF BURIAL 3/14 1913

UNDERTAKER B. G. [Signature] ADDRESS Houstonia Mo.

N. B. - If the cause of death is not clearly stated, it should be so stated, so that it may be properly classified. Exempt from this rule are deaths from violence, disease, or accident.

**MISSOURI STATE BOARD OF
BUREAU OF VITAL STATIST
CERTIFICATE OF DEATH**

**Revised United States Standard Certificate
of Death**

PLACE OF DEATH

County.....
 Township..... Registration District No..... File No.....
 or.....
 Village..... Primary Registration District No..... Registered No.....
 or.....
 City.....(NO.....) St..... Ward).....
 (If de
 hospiti
 give i
 of ste

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX.....
COLOR OR RACE.....
SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH.....(Month)....., 19....., I.....(Year)
 IF LESS than
 1 day,.....hrs.
 or.....min.?

AGE.....yrs.....mos.....ds.
OCCUPATION
 (a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE
 (City or town, State or foreign country).....

PARENTS
NAME OF FATHER.....
BIRTHPLACE OF FATHER
 (City or town, State or foreign country).....
MAIDEN NAME OF MOTHER.....
BIRTHPLACE OF MOTHER
 (City or town, State or foreign country).....

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant).....
 (ADDRESS).....

Filed..... 19.....
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH.....(Month).....

I HEREBY CERTIFY, that I attended....., 19....., to.....
 that I last saw h..... alive on.....
 and that death occurred, on the date stated above
The CAUSE OF DEATH* was as follows:

.....(Duration).....yrs.....m
(Duration).....yrs.....mi

Contributory
 (SECONDARY)

(Signed)..... 19..... (Address).....
 *State the Disease Causing Death, or, in deaths from Violent
 (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, I RECENT RESIDENTS)
 At place of death.....yrs.....mos.....ds. State.....yrs.....m
 Where was disease contracted if not at place of death?
 Former or usual residence.....

PLACE OF BURIAL OR REMOVAL.....
DATE OF BURIAL OR REMOVAL.....
UNDERTAKER.....
ADDRESS.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Missouri State Board of Health, Bureau of Vital Statistics, Certificate of Death

PLACE OF DEATH

County Pettis
Township Houstonia
Village _____
City _____ (NO. _____ St. _____ Ward _____)

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 665 File No. 1
Primary Registration District No. 5885 Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Andrew J. Osborn.

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) widower
DATE OF BIRTH Apr. 12, 1846
AGE 66 yrs. 10 mos. 29 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Illinois

PARENTS NAME OF FATHER Ephrem Osborne BIRTHPLACE OF FATHER (City or town, State or foreign country) Va.
MAIDEN NAME OF MOTHER Do not know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. W. Osborne (ADDRESS) Houstonia Mo.

Filed _____ 191 C. L. Post REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 10, 1913, to March 10, 1913, that I last saw him alive on March 10, 1913, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows: Nepatic abscess
Probably Tubercular

(Duration) 34 mos. ____ ds.

Contributory (SECONDARY) (Duration) ____ mos. ____ ds.

(Signed) J. J. Smith M. D. (Address) Houstonia

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Houstonia Mo. DATE OF BURIAL 3/14, 1913

UNDERTAKER J. C. Vaight ADDRESS Houstonia Mo.

Original file, date _____ 19____

All information called for must be filled in

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*; *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

8662
13998