

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.

JUN 27 1927

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

Do not use this space  
*Cowden*  
14824  
File No. \_\_\_\_\_  
Registered No. *286*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County *Greene* Registration District No. *318*  
Township *Springfield* Primary Registration District No. *5439*  
City *Springfield* (No. *#10*)  
2. FULL NAME *Nancy Paralee Osborn*  
(a) Residence. No. *#10* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 28 1874*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*53 1 11*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *House wife*  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) *Mo.*

PARENTS  
10. NAME OF FATHER *John Marion Jones*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) *Tenn.*  
12. MAIDEN NAME OF MOTHER *Susan Minerva Reels*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) *Tenn.*

14. INFORMANT *J. A. Osborn*  
(Address) *Springfield, Mo.*

15. FILED *57927* *C. Horath*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/9 1927*  
17. I HEREBY CERTIFY, That I attended deceased from *May 3 1927* to *May 9 1927* that I last saw *her* alive on *May 9 1927* and that death occurred, on the date stated above, at *Ch. Mo.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS: *Braincho*  
*Pneumonia*  
*107B*  
*107B*  
(duration) yrs. mos. da. *8 da.*

CONTRIBUTORY (SECONDARY) *Valvular Disease of heart*  
(duration) yrs. mos. da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED *At Residence*  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? *No* DATE OF \_\_\_\_\_  
WAS THERE AN ANTOPTIC? *No*  
WHAT TEST CONFIRMED DIAGNOSIS? *Chimpel*  
(Signed) *W. H. Cowden*, M. D.  
*50, 1927* (Address) *200 E. Central*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Morgan Cemetery* DATE OF BURIAL *May 10 1927*

20. UNDERTAKER *W. H. Anger & Co. 422* ADDRESS *Springfield, Mo.*

