

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

Do not use this space.

B 30176

1. PLACE OF DEATH

County..... *Jackson* Registration District No. *399*
 Township..... *Kaw* Primary Registration District No. *1002*
 City..... *W.C. Mo* (No. *K.C. General*) St.

File No.
 Registered No. *4317* St. Ward)

2. FULL NAME

(a) Residence. No. *4029 Benton* St. *16* 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 *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 *Mary E. Osborn*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 8 1861*
 7. AGE YEARS *69* MONTHS *4* DAYS *14* If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

PARENTS
 10. NAME OF FATHER *John Osborn*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *England*
 12. MAIDEN NAME OF MOTHER *Eric Seaman*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *New York*

14. INFORMANT *Mandaville Osborn*
 (Address) *4029 Benton Blvd*

15. FILED *10/24 1928* *M. D. Crowe* REGISTRAR
Assr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 22 1928*
 17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... in.

THE CAUSE OR DEATH WAS AS FOLLOWS
Senile Peripneumonia
119
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) *170*
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *Oct 22 1928*
 WAS THERE AN AUTOPSY? *No*
 WHAT TEST CONFIRMED DIAGNOSIS? *Senile Peripneumonia*
 (Signed) *Deputy Coroner*, M. D.
10/22 1928 (Address) *Deputy Coroner*

*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 *Memorial Park* DATE OF BURIAL *Oct 24 1928*
 20. UNDERTAKER *Mrs. C. L. Foster* ADDRESS *W.C. Mo.*

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.

