

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

Do not use this space.

30956

**1. PLACE OF DEATH**

County Jasper  
Township Joplin  
City Joplin (No. ....)

Registration District No. 411  
Primary Registration District No. 2002

File No. ....  
Registered No. 438  
St. .... Ward)

**2. FULL NAME**

Mrs. Jessie B. Osborne  
(a) Residence No. 7th and Myers 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF <u>Jesse F. Osborne</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 13 - 1862</u>		
7. AGE <u>66</u>	YEARS <u>7</u>	MONTHS <u>2</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At home</u> (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) <u>Ills</u>		
PARENTS	10. NAME OF FATHER <u>No Record</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
	12. MAIDEN NAME OF MOTHER <u>No Record</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1928  
17. I HEREBY CERTIFY That I attended deceased from Oct 13 1928 to Oct 15 1928 that I last saw her... alive on Oct 18 1928, and that death occurred, on the date stated above, at 4 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dilatation of Heart 11%  
10-15 Asthma  
(duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY)  
(duration) 1/4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) L. G. Chewnuth, M. D.  
10-15 1928 (Address) Joplin Mo

\*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  
Harbiers Cem DATE OF BURIAL 10-16 1928  
20. UNDERTAKER  
Frank Sever Co. ADDRESS Joplin Mo

14. INFORMANT P. W. Christmas  
(Address) Joplin Mo.  
15. FILED 10-15-28 As Clark  
REGISTRAR

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.

