

JAN 22 1928

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

Do not use this space.

39775

1. PLACE OF DEATH

County Carroll Registration District No. 138
Township Summit Primary Registration District No. 5198
City Carrollton #5 (No.) St. Ward)

File No.
Registered No. 39
St. Ward)

2. FULL NAME Susan Elizabeth Osborne

(a) Residence No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Osborne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 26, 1836

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 | 11 | 11 | or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Callaway Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Waddie Coindexter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Clumbett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Mrs. R. P. Phillips
(Address) Carrollton, Mo. R. #5

15. Dec. 8, 1928 E. H. Musson
Fixed. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-7-1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1928 to Jan. 23, 1926
that I last saw h. alive on Jan. 23, 1926, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Central Hemorrhage

82A
(duration) 5 yrs. 3 mos. 14 da.

CONTRIBUTORY (SECONDARY) 1400
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. H. Musson, M. D.
Dec. 8, 1928 (Address) Norborne, 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 Beatty Cemetery DATE OF BURIAL 12-8-1928

20. UNDERTAKER Standley ADDRESS Carrollton, Mo

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.

