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

Do not use this space.

12029

1. PLACE OF DEATH

County: Clinton — Registration District No.: 707 — File No.: 18

Township: — Primary Registration District No.: 4175 — Registered No.: 13

City: Plattsburg Mo. No. ..... St. ..... Ward)

2. FULL NAME: Cordelia L. Osborn

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 - 1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	2	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(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): Ken.

PARENTS

10. NAME OF FATHER: Adley Osborn

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Geo T Wiman
(Address) Plattsburg Mo.

15. FILED 4/19, 1930 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1929, to April 17, 1930 that I last saw her alive on April 17, 1930, and that death occurred, on the date stated above, at 10-30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxemia as a result of intestional blockage

11B

122B (duration) ..... yrs. ..... mos. 15 ds.

64K

CONTRIBUTORY (SECONDARY) Trifacial neuralgia, influenza and senility (duration) ..... yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Plattsburg, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? General examination

(Signed) R. W. Hayward M.D. M. D.

4/18, 19 (Address) Plattsburg, 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	DATE OF BURIAL
Greenlawn Cemt	April 18, 1930

20. UNDERTAKER	ADDRESS
S. J. Wiman	Plattsburg 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.