

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

Do not use this space.

24440

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 176
Township Hubble Primary Registration District No. 5174
City Near Jackson (No. 17) St. _____ Ward _____

2. FULL NAME

Algebra A Osade
(a) Residence, No. Country St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.
(If nonresident, give city or town and State)

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 HUSBAND OF (OR) WIFE OF <u>William Osade</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6 1861</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>3</u>
		<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeping</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South of Jackson Mo</u>		
FATHER	13. NAME <u>Eli B. Raudol</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary C. Lewis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo</u>	
17. INFORMANT <u>Berna McElvire</u> (ADDRESS) <u>Jackson Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackson Mo</u> DATE <u>July 26 1931</u>		
19. UNDERTAKER <u>Greenleaf Miller</u> (ADDRESS) <u>Jackson Mo</u>		
20. FILED <u>July 25 1931</u> <u>Neot August</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 - 1931

22. I HEREBY CERTIFY, That I attended deceased from July 22 - 1931, to July 24 - 1931
I last saw her alive on July 24 - 1931. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Date of onset _____

Other contributory causes of importance:
59
59

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ~
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. W. Ford, M. D.
(Address) Hondouville, 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.

AUG 25 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

