

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

Do not use this space.

28705

1. PLACE OF DEATH

County Lafayette Registration District No. 46177
 Township W. Lafayette Primary Registration District No. 4277
 City Osborn (No. 0) St. _____ Ward _____

File No. 144
 Registered No. _____

2. FULL NAME

(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 18 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Octava E. Jeans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12 - 1857</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1931

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1931 to Aug 10, 1931
 I last saw him alive on Aug 10, 1931. Death is said to have occurred on the date stated above at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Induced with a stroke by fall back on stool fracturing 2 or 3 ribs
causing a Pneumothorax.
 Date of onset 7/26/31
 Other contributory causes of importance:
1918
WW
 Name of operation _____ Date of _____
 What was confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 7/26/31
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury fall back on stool
 Nature of injury fracture of ribs

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. E. Chesley M. D.
 (Address) Osborn Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buckhorn Mo.</u>
13. NAME <u>Richard Jeans</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Sterling Ky.</u>
15. MAIDEN NAME <u>Luenda Gash</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osborn Mo.</u>
17. INFORMANT (ADDRESS) <u>Pauline Jeans Crooks</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osborn Mo.</u> DATE <u>8-12</u> 19 <u>31</u>
19. UNDERTAKER (ADDRESS) <u>Blinnert & Sons</u>
20. FILED <u>9/8</u> 19 <u>31</u> <u>R. E. Chesley</u>

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.

SEP 22 1931

