

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. No. Mich Hospital) St. _____ Ward _____

File No. _____
Registered No. 36896
1125

2. FULL NAME

Edward Traicen Osburn
(a) Residence, No. _____ St. _____ Ward Kennel Town
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 35 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flora Osburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/24-1854</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>M. E. Church</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Indiana</u>		
FATHER	13. NAME <u>Harmon Osburn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Harriet Packard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Indiana</u>	
17. INFORMANT (ADDRESS) <u>E. J. Osburn Kennel Town</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Noblesville, Ind</u> DATE <u>11/7</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Thos. J. Olanney, F.A. 216 So. 11th St.</u>		
20. FILED <u>NOV 5 1931</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Nov 4, 1931.
I last saw him alive on Nov 4, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Surgical Shock
Spinal anesthesia
Other contributory causes of importance:
Hypertrophic Prostate
arterio sclerosis general

Name of operation Nov 2 Prostatectomy Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____
(Signed) Charles Greenberg, M. D.
(Address) St. Joseph

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

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.

DEC 21 1931

