626a

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

Do not use this space.
626a

1. PLACE OF DEATH
32 County DeKalb — Registration District No. 2 5 9
Township Sherman — Primary Registration District No. 5361
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Joshua DeHart Osborn

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

APR 26 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Anna Osborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10th 1869

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winston Mo.

FATHER
13. NAME: William Osborn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alta Vista Mo

MOTHER
15. MAIDEN NAME: Mary E. DeHart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Plattsburg Mo

17. INFORMANT (ADDRESS): Elmer Osborn Amity Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Amity Mo. DATE: 1—23—1932

19. UNDERTAKER (ADDRESS): Glenwood Myers Maysville Mo

20. FILED: Jan 23, 1932 J. L. Okeefe, Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 20, 1932
I last saw h— alive on Jan 20, 1932 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
Streptococcal Infection	1/18-32
Coma.	

Other contributory causes of importance: Hypertension 3 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) E. M. Reynolds, M. D.
(Address) Winston Mo