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.

AUG 22 1932

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 — File No. 22022
Township — Primary Registration District No. 1001 — Registered No. 694
City St. Joseph, (No. 515 North 4th. St. Ward)

2. FULL NAME Earl Osborn,
(a) Residence, No. 515 North 4th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1, 1884

7. AGE: YEARS 47 — MONTHS 8 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rooming, 2 2'
10. Date deceased last worked at this occupation (month and year): July 1932
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb County, Missouri,

FATHER
13. NAME: William Osborn,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown, 21

MOTHER
15. MAIDEN NAME: Mary DeHart,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Mrs. Bertha Osborn 515 North 4th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE July 19, 1932

19. UNDERTAKER (ADDRESS): Heaton-McGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED JUL 18 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Viewed ....., 19....., to ....., 19.....
I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
191	
191	3 05

Other contributory causes of importance:
Heat Exhaustion

5

Name of operation none Date of
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.
(Address) 821 Francis