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

Do not use this space.

5474

1. PLACE OF DEATH.
County Harrison — Registration District No. 335 — File No. 4
Township Clay — Primary Registration District No. 5470 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Christopher Columbus Osborn
(a) Residence. No. Harrison Co. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. 1 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-4-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	10	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer, Stock raising
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania

PARENTS
10. NAME OF FATHER Jacob Osborn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Barbra McClain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Bedford Co Pennsylvania

14. INFORMANT T. Oscar Osborn
(Address) Blythedale, Mo.

15. FILED 2/26/33 L. J. Carter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1933, to Feb. 24, 1933, that I last saw him alive on Feb 12, 1933, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio Pneumonia
10 Hr
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) D. S. Duff, M. D.
2/24, 1933 (Address) Cainsville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Pleasant No 2 — DATE OF BURIAL: 2-26 1932

20. UNDERTAKER: J. Evan Johnson — ADDRESS: Cainsville 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.

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