MAY 22 1933

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

Do not use this space.

12232

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township Pettis — Primary Registration District No. 5007 — Registered No. 75
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Anna 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Wife of Geo. P. Osborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16-1870

7. AGE YEARS 62 MONTHS 6 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME William Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary Creps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Geo P. Osborn Yarrow

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prince Ville DATE April 11, 1933

19. UNDERTAKER (ADDRESS) W. H. McCollum South Gifford

20. FILED 4/12, 1933 E. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933 to April 9, 1933
I last saw her alive on April 9, 1933 Death is said to have occurred on the date stated above, at 4:25 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset
59
8 2 A

Other contributory causes of importance:
Diabetes Mellitus

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? .....
If so, specify .....
(Signed) Eugene B. Munner M. D.
(Address) La Crosse Mo R.R. 1

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.

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1933 - 4 - 9
1870 - 9 - 16

62 - 6 - 23