

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

Do not use this space.

1. PLACE OF DEATH  
 County Andrew Registration District No. 13  
 Township \_\_\_\_\_ Primary Registration District No. 4011  
 City Savannah mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Hallilian 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.

File No. 18792  
 Registered No. 324

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Osborn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17-1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 7 3  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 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) Savannah mo

FATHER 13. NAME Mathew Pinkerton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

MOTHER 15. MAIDEN NAME Rhoda Milboin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

17. INFORMANT (ADDRESS) Leuroy Osborn Savannah mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 6-22-33

19. UNDERTAKER (ADDRESS) E. G. Breit Savannah mo

20. FILED June 22 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 1933 to June 20 1933  
 I first saw him alive on June 19 1933 Death is said to have occurred on the day stated above, at 1:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pullegra Acute  
Probable U/V  
 62  
 Other contributory causes of importance:

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) Walter Myers, M. D.  
 (Address) Savannah mo

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.

JUL 20 1933

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