

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

Do not use this space.

**25271**

**1. PLACE OF DEATH**

97 County Saline Registration District No. 796  
 5 Township \_\_\_\_\_ Primary Registration District No. 3038  
 7 City Marshall, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Lizzie Jane Osborne  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Osborne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21, 1863</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>1</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Carroll Co. Mo.</u>		
FATHER	13. NAME <u>Perry Tunblinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Anna Eliza Jennings</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Nellie Finley Dwyer Marshall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hedge Cemetery</u> DATE <u>July 19, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. S. Dwyer Marshall, Mo.</u>		
20. FILED <u>8-3-</u> 19 <u>33</u> <u>A. C. Putnam</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933

I HEREBY CERTIFY, that I attended deceased from July 17, 1933 to July 17, 1933  
 last saw him live on July 17, 1933. Death is said to have occurred on the date stated above, at 2 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Failure Death  
Heart Failure  
Sick and tired  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Chlorine Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) Arthur Dwyer, M. D.  
 (Address) Marshall, 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.

AUG 26 1933

LF-816