

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

Do not use this space.

29710

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township KAW Primary Registration District No. 100  
City Kansas City (No. 400 East Armour Blvd.)

File No. \_\_\_\_\_  
Registered No. 3634 Ward \_\_\_\_\_

**2. FULL NAME**

Sarah E. Osborn  
(a) Residence, No. 400 East Armour Blvd. 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>George R. Osborn</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 29, 1840</u>                        |                                  |   |
| 7. AGE  | YEARS<br><u>93</u>               | MONTHS<br><u>6</u>  |
|   | DAYS<br><u>12</u>                | IF LESS than 1 day, .....hrs. or .....min.                                  |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....<br><u>At home</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) Sherman New York

13. NAME Edwin Boorman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent County England

15. MAIDEN NAME Mary Orr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent County England

17. INFORMANT Frank Deaw  
(ADDRESS) 400 East Armour

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Washington Cem. DATE 9-13- 1933

19. UNDERTAKER Stine & McClure  
(ADDRESS) 3235 Millham Place

20. FILED 9-13- 1933 M. Crow  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4<sup>th</sup> 1933, to Sept 11<sup>th</sup> 1933  
I last saw her alive on Sept 11<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at P. m. 5:30  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Hypertalic Pneumonia  
565  
97  
1173  
Other contributory causes of importance  
Acute rheumatism  
General atherosclerosis  
7-8-33  
5-4-33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Samuel Ayres, M. D.  
(Address) 707 Argyle Bldg.

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.

