

MAR 24 1934

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

Do not use this space.

5620

1. PLACE OF DEATH

County Kim
Township Bucklin
City Bucklin (No. _____ St. _____ Ward _____)

Registration District No. 458
Primary Registration District No. 5663

File No. 4
Registered No. _____

2. FULL NAME

CORA VAN OSDOL

(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 62 yrs. 1 mo. 26 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.O. Van Osdol

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
62 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) Oct 1934 11. Total time (years) spent in this occupation 40

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

13. NAME J.H. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

15. MAIDEN NAME MARY JACKS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GLASGOW Mo

17. INFORMANT (ADDRESS) Paul Van Osdol Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bucklin Mo DATE Feb 16, 1934

19. UNDERTAKER (ADDRESS) A.E. Harriman Bucklin Mo

20. FILED Feb 14, 1934 J. J. Cantwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1934, to 2-14, 1934

I last saw her alive on 2-14, 1934 Death is said

to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

1077 Date of onset

Acute Heart Failure 2/14/34

Other contributory causes of importance:

Emphysematous Pneumonia 2/10/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) H. C. Spear, D.O.

(Address) Bucklin, 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.



Ann

WASHINGTON

5620

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Cara Van Orsdel
Who died at _____ on Feb 14 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 62 Months 1 Days 26

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) de Heart France

Birthplace of mother (State or country) Acute Myocarditis

Principal cause of death: emphysematous pneumonia - lobular.

Other contributory causes of importance _____

Name of operation _____ Date of 107a

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician J. L. Cantwell Oct-8 1934

Signature of Registrar [Signature] Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 498 Very truly yours,

Primary Reg. Dist. No. 5663 E. T. McGaugh M.D.

Special Agent. J.C.

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