

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

Do not use this space.

17291

1. PLACE OF DEATH

County... Lafayette
Township... Washington
City..... (No., St. Ward)

Registration District No. 464
Primary Registration District No. 5626

File No. 16
Registered No. 61

2. FULL NAME Ezra Ogborn

(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Armanda Ozborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24th 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	5	22	

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

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) Ind.

13. NAME John R. Ozborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Sarah Boatman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. Ralph H. Marriott
Higginville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenton DATE 18 May 1934

19. UNDERTAKER (ADDRESS) H. S. Stodder
Higginville, Mo.

20. FILED May 18 1934 Mrs. E. M. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16 - 1934 to May 16 - 1934

I last saw him alive on May 16 - 1934 Death is said to have occurred on the date stated above, at 9:00 P. M.

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

Inanition due to ulcer of stomach. Date of onset Feb. 1934

Other contributory causes of importance:

Senility

Name of operation None Date of
What test confirmed diagnosis Physical 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?

If so, specify None

(Signed) H. M. Brookley, M. D.

(Address) Higginville, Mo.

APR 23 1934

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.

