

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

Do not use this space.

FEB 20 1935

184

**1. PLACE OF DEATH**

County Buchanan Registration District No. 83  
 Township Washington Primary Registration District No. 5124  
 City Halleck No. Halleck, Missouri

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Chester S. Osborn  
 (a) Residence, No. Halleck, Mo. 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  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ada Jane Osborn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1855  
 7. AGE YEARS 79 MONTHS 3 DAYS 1 If LESS than 1 day, .hrs. or .min.  
 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) New York City New York  
 13. NAME Unknown Osborn  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York  
 17. INFORMANT (ADDRESS) Dallas S. Osborn  
Faucett, Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Halleck cemetery DATE Jan. 14, 1935  
 19. UNDERTAKER (ADDRESS) F. H. Eidenfaden,  
602 So. 10th St.  
 20. FILED 113 1935 M. H. Hull Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1935  
 22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1935 to Jan 2, 1935  
 I last saw him alive on Jan 11, 1935 Death is said to have occurred on the date stated above, at 2:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Organic Heart Disease Date of onset \_\_\_\_\_  
75 B-2  
 Other contributory causes of importance:  
Influenza  
 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) J. K. Peter, M. D.  
 (Address) Halleck, 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.

