

APR 16 1935

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

Do not use this space.

12415

1. PLACE OF DEATH

34 County Douglas
Township Lansing
City Osborne (No.)

Registration District No. 272
Primary Registration District No. 5280

File No.
Registered No. 44
St. Ward)

2. FULL NAME Francis Marion Osborn

(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 18 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, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 15

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emelia Osborn

8. Trade, profession, or particular kind of work done, as splaner, 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) Ill.13. NAME Francis Marion Osborn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME Elizabeth Dreyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin17. INFORMANT Retta Osborn (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Burdett DATE 19.19. UNDERTAKER Friends (ADDRESS)20. FILED 4-10-35 Henry Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9- 193522. I HEREBY CERTIFY, That I attended deceased from May 1933 to April 9, 1935I last saw him alive on April 7, 1935 Death is saidto have occurred on the date stated above, at 9:15 P.M.

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

UremiaDate of onset Apr. 3/35

Other contributory causes of importance:

Nephritis by primary heart diseaseName of operation None Date of 131What test confirmed diagnosis? Heart of Osborn Was there an autopsy?

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

(Signed) R. M. Norman, M. D.(Address) Osborne, 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.

THIS IS A PERMANENT RECORD

JUN 10 1965

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