

SEP 2 1 1935

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

Do not use this space.

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1. PLACE OF DEATH

County Lafayette Registration District No. 461
Township Lexington Primary Registration District No. 3024
City (Lexington) (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME Riley Osborne

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Williamson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 6, 1976</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>7</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</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) <u>Lafayette Co.</u> (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>John Osborne</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Indianate</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Sarah Botman</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Mrs Riley Osborne</u> (ADDRESS) <u>Lexington, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington, Mo.</u> DATE <u>Aug. 28, 1935</u>				
19. UNDERTAKER <u>Winkler</u> (ADDRESS) <u>Lexington, Mo.</u>				
20. FILED <u>Aug. 28, 1935</u> <u>Jayne Paul Baker</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1935, to Aug. 26, 1935
I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 8:10 A.M.
The principal cause of death and related causes of importance were as follows:

Heart condition
Complicating head pressing
Chronic

Other contributory causes of importance:

Name of operation MM Date of _____
What test confirmed diagnosis? _____ 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) W. H. Trudewell, M. D.
(Address) Lexington, 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.

