

DEC 20 1935

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

Do not use this space.

37073

1. PLACE OF DEATH

County Ray
Township Estimate & River
City Hardin, Mo.

Registration District No. 740
Primary Registration District No. 4-2

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Osbery Clinton Freeman

(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 22 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) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of husband or wife) Martha Irensis Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 17 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91. 10 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer

10. Date deceased last worked at this occupation (month and year) 1905 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Central Marlham Mo

13. NAME James Freeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Sarah Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) C. Freeman Hardin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Cemetery DATE Mar 30 1935

19. UNDERTAKER (ADDRESS) P. R. B. Jones Hardin Mo.

20. FILED Nov. 30 1935 V. T. Willetts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Nov 28 1935

I last saw him alive on Nov 28 1935 Death is said to have occurred on the date stated above, at 2 P. m.

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

Prostatitis

Date of onset 3 yrs

Other contributory causes of importance:

Cystitis - Infected Bladder 2 yrs

Subapophyseal operation of brain

Name of operation Bladder Date of July 12 1934

What test confirmed diagnosis? Chemical Was there an autopsy? no

28. 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)

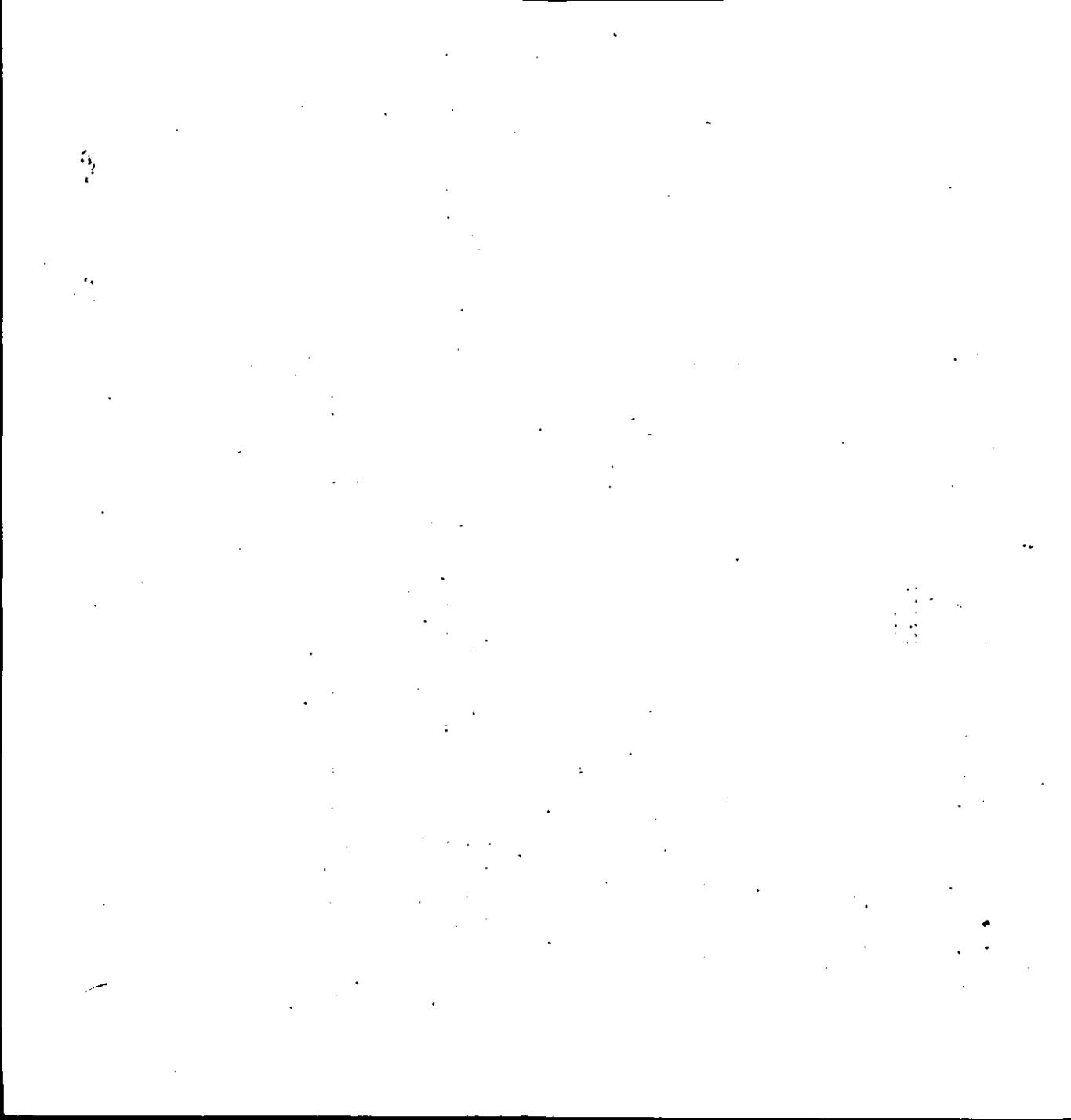
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Marvin Grimes, M. D.

(Address) Hardin, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Ray Registration District No. 740 File No. _____
 Township _____ Primary Registration District No. 4442 Registered No. _____
 City Hardin (No. _____) St. _____ Ward _____

2. FULL NAME

Asbery Clinton Freeman
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 91 MONTHS 10 DAY 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, sawmill, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED Nov. 30 1935 R. L. Wilford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1935

I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Cystitis infected bladder
Eubrych Prostatitis

Name of operation Suprapubic drainage 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) Marion Grimes, M. D.
 (Address) Hardin

SUPPLEMENTARY

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