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.

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

Do not use this space.

5668

MAR 19 1936

1. PLACE OF DEATH
County: Howell
Township:
City: Willow Springs (No. ... St. ... Ward)

Registration District No. 385
Primary Registration District No. 4-228

File No.
Registered No.

2. FULL NAME: Miss Nora Belle Osborne

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 28, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
54	8	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
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): Willow Springs, Mo.

FATHER
13. NAME: Aaron Ben Osborne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Elizabeth Durham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sarcoxie Mo

17. INFORMANT (ADDRESS): Dewey Osborne

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: 2/21/36, 19

19. UNDERTAKER (ADDRESS): T. R. Burns & Son

20. FILED: Mar. 6, 1936 J. B. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1936, to Feb. 19, 1936
I last saw her alive on Feb 19, 1936. Death is said to have occurred on the date stated above, at 5:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of lower Bowel	1934

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? Physical findings 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. B. Davis, M. D.
(Address) Willow Springs, Mo.