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.

MAR 21 1936

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

Do not use this space.

6074

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 841
City Kansas City (No. 1615, Norton St. Ward)

2. FULL NAME Baby Osborne
(a) Residence, No. 1615 Norton 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Baby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-11-1936
7. AGE: YEARS | MONTHS | DAYS: 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby
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): K.C. Mo.

FATHER
13. NAME: Joe Osborn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla.

MOTHER
15. MAIDEN NAME: Leona Midgett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla.

17. INFORMANT (ADDRESS): Joe Osborne 1615 Norton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 2-20, 1936
19. UNDERTAKER (ADDRESS): Adkins Bros. 2000 E. 12th
20. FILED 2/19, 1936 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-13, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1936, to Feb 13, 1936
I last saw him alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:
Acute Bronchitis — Date of onset
1605

Other contributory causes of importance:
Breech Presentation
Birth

Name of operation: [illegible] Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? [illegible] 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) [illegible], M. D.
(Address) [illegible]