

APR 18 1936

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

Do not use this space.

10374

1. PLACE OF DEATH, Howard,
 County Richmond. Registration District No. 878
 Townshlp Primary Registration District No. 65-26
 City (No.) St. Ward
 Registered No. 22

2. FULL NAME William Thomas 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

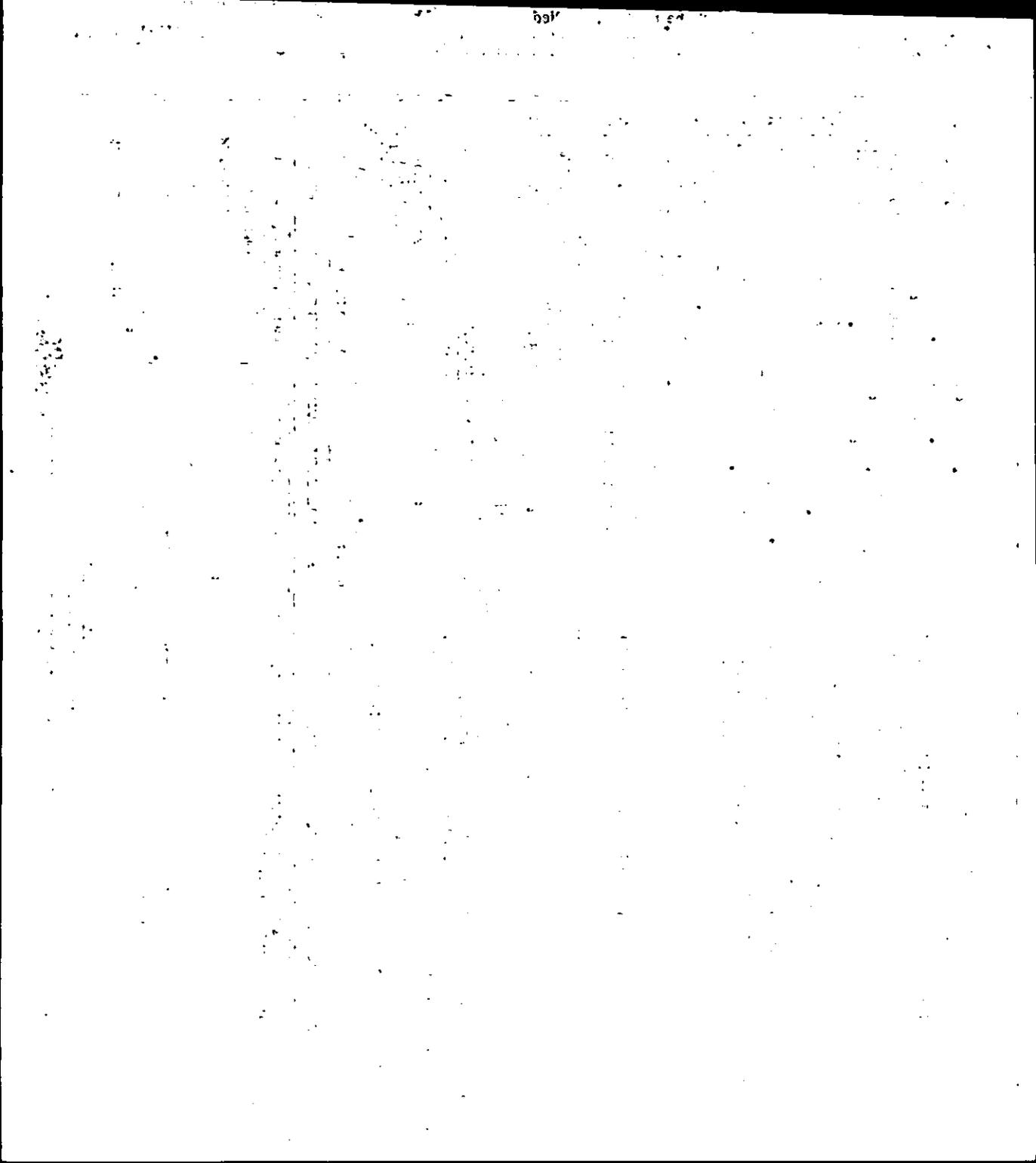
PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Guida May Thomas,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/4th 1908
 7. AGE 28 YEARS MONTHS 18 DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,
 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) Missouri
 FATHER 13. NAME Tom C. Osborn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.
 MOTHER 15. MAIDEN NAME Julia C. Whitney.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.
 17. INFORMANT Tom C. Osborn,
 (ADDRESS) Fayette, Mo.
 18. BURIAL, CREMATION, OR REMOVAL digree, DATE 3/24th 1936
 PLACE Guy T. Halley,
 19. UNDERTAKER Fayette, Mo.
 (ADDRESS)
 20. FILED Apr. 8 1936 V. O. Bonham
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22nd 1936, 19 ..
 22. I HEREBY CERTIFY, That I attended deceased from March 1936 to March 1936
 I last saw him alive on 19 Death is said to have occurred on the date stated above, at
 The principal cause of death and related causes of importance were as follows:
Double skull fracture received in a fall
Accident, High way
 Date of onset
 Other contributory causes of importance: none
 Name of operation Irregular Date of 3-29-36
 What test confirmed diagnosis P. meningitis Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 3-25-36
 Where did injury occur? High way
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public high way
 Manner of injury by accident
 Nature of injury skull fracture
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) T. L. Richard M. D.
 (Address) Casapet Howard Co Fayette 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.



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1. PLACE OF DEATH

County Howard Registration District No. 378 File No. _____
 Township Richmond Primary Registration District No. 3326 Registered No. 22
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

William Thomas Oaborn

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 0 18

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, 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)

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 Apr 8 1936 V. C. Bonham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22, 1936

22. 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:

Double skull fracture
rec'd in auto wreck Date of onset _____

Other contributory causes of importance: Passenger in car

Name of operation _____ 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) J. G. Richards, M.D.
Fayette (Address) _____

SUPPLEMENTAL

V. 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.

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