

MAY 21 1936

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

Dr. Chapman
Main Bldg. only.
Do not use this space.

15683

1. PLACE OF DEATH

County Jasper Registration District No. 411Township Joplin Primary Registration District No. 2002City Joplin (No. 2731 Joplin) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2731 So. Joplin 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. 2 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or WIFE OF)Nina Osborn6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 26, 18637. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 7 5

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

Retired

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

Plant Operator

10. Date deceased last worked at this occupation (month and year)

1. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hedysytia
(STATE OR COUNTRY) Kentucky13. NAME Solomon Osborn14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)15. MAIDEN NAME Margaret E. Helges16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)17. INFORMANT Mrs. Nina Osborn
(ADDRESS) 2731 So. Joplin St. Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Newkirk, Mo. DATE May 2, 193619. UNDERTAKER Carley Thompson
(ADDRESS) Newkirk, Mo.20. FILED 5-5 1936 Ed W. James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 25, 1936, to April 30, 1936I last saw him alive on April 30, 1936. Death is saidto have occurred on the date stated above, at 2:45 P. M.

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

Apoplexy

Date of onset

4-25-36

Other contributory causes of importance:

ArteriosclerosisName of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) W. H. Chapman, M. D.(Address) Joplin, Mo.

