

JUN 22 1936

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

Do not use this space.

19288

1. PLACE OF DEATH

County Howe Registration District No. 386  
Township South Fork Primary Registration District No. 5538  
City Hocoma, Mo. (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

A. Ray Osedburgh  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MA 4. COLOR OR RACE W.H.T 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) March 30 - 1897

7. AGE YEARS 4 MONTHS 2 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Maple Co., Iowa

FATHER 13. NAME S. J. Osedburgh

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

MOTHER 15. MAIDEN NAME Kate Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staff Co., Ark.

17. INFORMANT (ADDRESS) Mrs. S. J. Osedburgh  
Hocoma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter DATE June 26

19. UNDERTAKER (ADDRESS) W. H. Brown

20. FILED 6-9 1936 Fannie B. Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31-1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Suicide 167

Other contributory causes of importance:

Gun shot in right arm of the heart

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) Raymond A. Whitman M. D.

(Address) \_\_\_\_\_

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

W. C. O. -  
A. C. O. -  
Mrs. ~~Elizabeth~~ D. Smith, Flint Michigan  
Mrs. Jane Marshall W. T.

Massachusetts, at Rutland, Vt.  
Mt. Zion Ch. - <sup>Baptist</sup> - Union =  
natives at Any - Fr. Died 2 yrs before  
ill health & financial worries -  
made peace with God

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Wm Carter <sup>Hayland</sup> came fr. Pa to U.S. 54  
John " to Pa com in 1418  
Wm Callahan  
Terry Moore  
Chas Carroll  
Bob Scott -