MAY 21 1937

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

Do not use this space.

16685

1. PLACE OF DEATH
4 County Jasper — Registration District No. 411 — File No.
7 Township — Primary Registration District No. 2002 — Registered No.
5 City Joplin (No. — St Johns Hospital (Hosp.))

2. FULL NAME Willis Edward Osgregg
(a) Residence, No. 1816 Ohio St., Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1871
7. AGE YEARS 65 MONTHS 6 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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 silk mill, saw mill, bank, etc. M.O.P. Mechanic
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) Crawford Co Mo

FATHER
13. NAME Phil Osgregg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME Christine Stetes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Family 1816 Ohio
18. BURIAL, CREMATION, OR REMOVAL PLACE Forrest Pk DATE 4-16-37
19. UNDERTAKER (ADDRESS) Hulbert Und Co Joplin Mo
20. FILED 4-15 1937 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14-1937
22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1937, to 4-14, 1937
I last saw him alive on 4-14 1937. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Uremia
acute Dilatation of Heart

Date of onset

Other contributory causes of importance
Chr. Nephritis
Hypertension
Chr. Myocarditis

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Name of operation none Date of
What test confirmed diagnosis? NPN 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 none
(Signed) [illegible], M. D.
(Address) 6 Frisco Bldg Joplin Mo.

Dr Dutt

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