JUN 12 1937

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

Do not use this space.

File No. 18764

Registered No. 5340

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City (No. City Hospital # 2 St. Ward)

2. FULL NAME Jas. Lee Osby

(a) Residence, No. 823 So. 9th St., 22 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: Col

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-1-1937

7. AGE: Years — Months: 2 — Days: 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St Louis Mo

FATHER

13. NAME Jonie Osby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Louisiana~~ Louisiana

MOTHER

15. MAIDEN NAME Lillian Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Ruby Pridean City Hospital # 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U DATE 5/12/37 19

19. UNDERTAKER (ADDRESS) W Bechtin 3010 Burgy Central Coroner

20. FILED MAY 28 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF ~~DEATH~~

No Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9 1937

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 8 p.m.

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

	Date of onset
Traumatic Pneumonia as a result of a Stab wound, perforating left scapula and lodging implicated by one Wally	

Other contributory causes of importance:

Jackson (Col) male 18 1937 at about 3 P.M. at 823 So. 9th

Homicide

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

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

Accident, suicide, or homicide? Homicide Date of injury 4/1 1937

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Stab wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Quinn M.D.

(Address) Deputy Coroner

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.