

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH
53 County Laclede Registration District No. 449 File No. 27595
Township..... Primary Registration District No. 4267 Registered No.....
2 City Lebanon (No. Wallace Memorial St. Ward)

2. FULL NAME Ray Columbus Osborne
(a) Residence, No. Stoutland Mo. 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 14 - 1899
7. AGE YEARS 38 MONTHS 3 DAYS 13 If LESS than 1 day, hrs. or min.

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) July 1937 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoutland, Mo

13. NAME Christopher C. Osborne

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

15. MAIDEN NAME Ella S. DeBerry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoutland Mo

17. INFORMANT Ruby Bennett (Sister)
(ADDRESS) Hermosa Beach, Calif

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville DATE 7-30-37

19. UNDERTAKER Palmer
(ADDRESS)

20. FILED 7-28-37 L. M. Lamb
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1937

I HEREBY CERTIFY, That I attended deceased from July 22, 1937, to July 28, 1937
I last saw him alive on July 28, 1937. Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Self-inflicted lacerations about neck & body Date of onset July 27, 37

Other contributory causes of importance: 168

Septic Pneumonia July 24, 37

Name of operation Stitching Date of July 23

What test confirmed diagnosis? Spec. exam. of tissue Where an autopsy? 23

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury July 23, 1937

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

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

Manner of injury Self-inflicted cuts

Nature of injury with razor blade

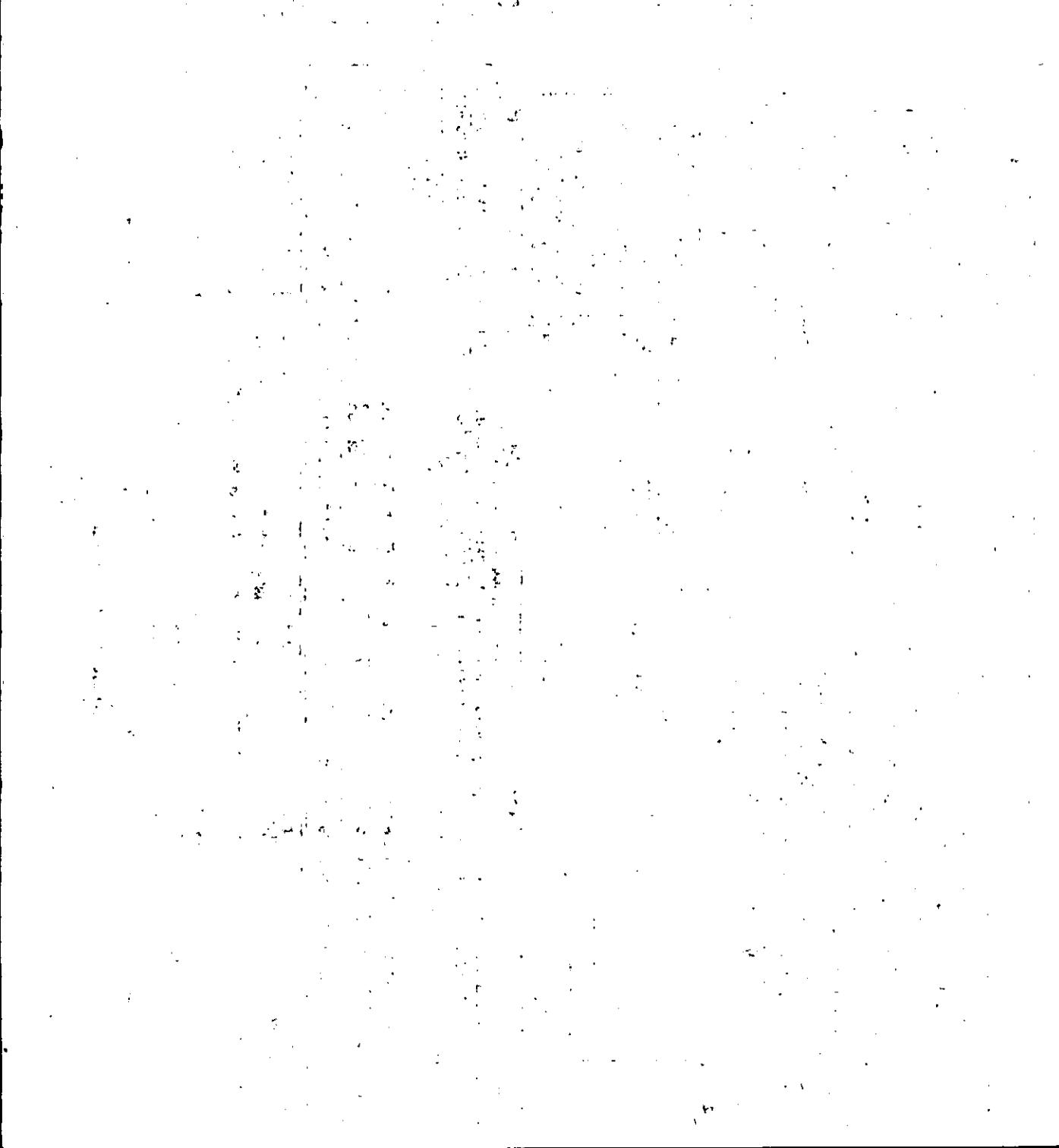
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P. H. ..., M. D.

(Address) Lebanon, 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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

275-95
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
(b) Township Lebanon Primary Registration District No. 4267 Registered No. _____
(c) City Lebanon (d) Street No. Wallace Memorial St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roy Columbus Casron

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4 - 1899

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 3 14

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Self-inflicted laceration about neck and body
Date of onset 1/6/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance: Septic Pneumonia

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11-22-37 J. A. McComb Local Registrar

Name of operation stitching Date of 7-20-
What test confirmed diagnosis physical exam 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 7-23, 1937

Where did injury occur Lebanon, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. self-inflicted cuts with razor

Manner of injury blade
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. Thompson M. D.
(Address) Lebanon Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S NAME should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

S-27595