

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan
 Township Washington
 City St. Joseph (No. Route 7, _____ St., _____ Ward)

Registration District No. 56
 Primary Registration District No. 5127

File No. 37240
 Registered No. 62

2. FULL NAME George W. Osteen(a) Residence, No. Route # 7 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. 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 Edna Osteen
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 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) 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) De Kalb
 (STATE OR COUNTRY) Missouri

13. NAME Francis Osteen

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

15. MAIDEN NAME Sophia Cabiness

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

17. INFORMANT Edna Osteen
 (ADDRESS) Route # 7, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL # 258
 PLACE City Cemetery DATE Nov. 1, 1937

19. UNDERTAKER Clark Mortuary
 (ADDRESS) St. Joseph, Mo.

20. FILED Oct. 30, 1937 B. H. Padlock M.D.
M.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937, to Oct 29, 1937

I last saw him alive on Oct 29, 1937. Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Influenza

Date of onset

Other contributory causes of importance:

Bronch. PneumoniaOct 25, 1937

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera 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 _____

(Signed) J. H. McAdow, M. D.(Address) De Kalb, Mo.

