

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.

DEC 20 1937

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

Do not use this space.

41523

1. PLACE OF DEATH

County Jackson
Township Washington
City (No.) (St.) (Ward)

Registration District No. 404
Primary Registration District No. 5558

File No.
Registered No. 69 69

2. FULL NAME

Frank Osmon Kansas City Mo
(a) Residence, No. 1008 East 65th St. Ward. (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 M 4. COLOR OR RACE W 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) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 45

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

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) Harrison Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Frank McCay (ADDRESS) 1008 E 65th St Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACe Burial DATE 11-29-37

19. UNDERTAKER W.B. Langford Mo. (ADDRESS) 215 Summit St

20. FILED 12-9-1937 Mrs J.O.S. Brennan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19...

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at 7 p.m. estimated

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

Exposure Date of onset Nov. 22

Other contributory causes of importance: Auto or truck's traumatism

Name of operation none Date of...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Nov. 22, 1937

Where did injury occur? Franklins Mo. R. I (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. body was found on side of highway

Manner of injury truck's trauma Nature of injury broken pelvis

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Sweeney M. D. (Address) 215 Summit St

