

DEC 28 1937

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

Do not use this space.

42320

1. PLACE OF DEATH

County St. Clair Co. Registration District No. 763
Township Butter Primary Registration District No. 4458
City Louisy City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 21

2. FULL NAME

Mary E. Osborn
(s) Residence, No. _____ (Usual place of abode) _____ Ward _____
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7- 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 6 22

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

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 Life

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

13. NAME Wesley Hargrave

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

15. MAIDEN NAME Marta Jane Hargrave

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

17. INFORMANT J. M. Osborn
(ADDRESS) Louisy City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem DATE 10-25-37

19. UNDERTAKER Fred Wilkinson
(ADDRESS) Clinton Mo

20. FILED Nov 24 1937 Lophia L. Stratton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 23 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Nov - 23, 1937

I last saw him alive on Nov 22, 1937 Death is said

to have occurred on the date stated above, at 7:00 P.M.

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

Chronic Myocarditis Date of onset _____

Arteriosclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 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) R. L. Howard, M. D.

(Address) Clinton City 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.

