

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph Mo (No. St. Hospital #2)

Registration District No. 85  
Primary Registration District No. 1001

File No. 44820  
Registered No. 1425  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Osac Beuford Christy  
(a) Residence, No. Millen Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie T. Christy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15 1856</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>0</u>	DAYS <u>13</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Land mngt</u>			
	10. Date deceased last worked at this occupation (month and year) <u>2-4 yrs</u>			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lynn Co Mo</u>				
FATHER	13. NAME <u>Phillip Christy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key</u>			
MOTHER	15. MAIDEN NAME <u>Nancy Kenney</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT (ADDRESS) <u>B. W. Christy Millen Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Ignace</u> DATE <u>Dec 31 1937</u>				
19. UNDERTAKER (ADDRESS) <u>John E. Kent</u>				
20. FILED <u>12/29 1937</u> <u>St. Joseph</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1937 to Dec 28 1937  
I last saw him alive on Dec 28 1937. Death is said to have occurred on the date stated above, at 9:42 m.  
The principal cause of death and related causes of importance were as follows:  
Generalized Arteriosclerosis  
Date of onset

Other contributory causes of importance: AM

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) K. Kuhlman M. D.  
(Address) State Hospital #2

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

RECEIVED

TO THE DIRECTOR OF THE DIVISION OF THE PHYSICAL SCIENCES  
FROM THE DEPARTMENT OF CHEMISTRY  
RE: [Illegible]

[Illegible text]

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