

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17730
Do not use this space.

REC'D JUN 4 1938

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
 (b) Township St. Joseph Primary Registration District No. 2001 Registered No. 505
 (c) City St. Joseph (d) Street No. Massouri Catholic Hospital
 (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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Agency, Mo. St. Agency, Mo.
 (Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE-MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. L. Osburn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 10 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewoman
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1938
 22. I HEREBY CERTIFY, That I attended deceased from MAY 5th 1938 to MAY 7th 1938
 I last saw her alive on MAY 7th 1938 Death is said to have occurred on the date stated above, at 3:45 P.M.
 The principal cause of death and related causes of importance were as follows:

hook jaw

Date of onset

5/5/38

Other contributory causes of importance:

infected R. Hand 5/1/38

Name of operation None Date of NO
 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) Joseph J. Byrne, M. D.
 (Address) 301 Third St S

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

FATHER

13. NAME

MOTHER

15. MAIDEN NAME

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Truman Cemetery DATE May 9 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED

5-9-38 W. H. Kestelbach
 Local Registrar

134722

STATEMENT BY LICENSED EMBALMER

I, H. A. Sullins, Licensed Embalmer No. 1738

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed H. A. Sullins

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

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1. PLACE OF DEATH

(a) County Buchanan Registration District No. (b) Township St. Joseph Primary Registration District No. (c) City St. Joseph Street No. (d) Street No. (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

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 10 25

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

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

13. NAME

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

15. MAIDEN NAME

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 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1938

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

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

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

Laceration of right hand from splinter in rt. hand Date of onset 1938

Other contributory causes of importance: Infected right hand from splinter in rt. hand

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. Accident Date of injury May 7 1938

Where did injury occur? St. Joseph, MO (Specify city or town, county, and State)

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

Manner of injury Whirls during house work

Nature of injury Splinter in palm of R. hand

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

If so, specify

(Signed) Ralph D. Byrne, M. D.

(Address) 301 N 8th St.

SUPPLEMENTARY

1938

S-17730