

REC'D JUL 25 1938

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

Do not use this space.

22393

1. PLACE OF DEATH

County Marion
Township Jackson
City Osborne

Registration District No. 542
Primary Registration District No. 573.1

File No. 27
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. 4 mos. 25 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 22, 1853

7. AGE YEARS 84 MONTHS 4 DAYS 25 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Hartsville, Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Tyler 14. BIRTHPLACE (CITY OR TOWN) Georgia (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Rosey Hughes 16. BIRTHPLACE (CITY OR TOWN) Putaski, Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Miss Columbus Parker

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry, Mo. DATE 2/18/38

19. UNDERTAKER (ADDRESS) W. C. Cunningham

20. FILED 7/15/38 19 George M. Eads Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938, to Feb 17, 1938

I last saw her alive on Feb 17, 1938 Death is said

to have occurred on the date stated above, at 7 P. m.

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

Pneumonia Lobar Date of onset _____

Other contributory causes of importance: _____

Name of operation none 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) J. S. Sone, M. D.

(Address) Osborne, Mo.

