REC'D JAN 18 1939

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

43529
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson. 2 Registration District No. 431
(b) Township 1 Primary Registration District No. 3023 Registered No. 132
(c) City Warrensburg. (d) Street No. ..... St.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 216 Asenath Adele Osborn.
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

5
6
2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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) Sept. 5, 1883.
7. AGE YEARS 55 MONTHS 3 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
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) Aulville MO. 0

FATHER
13. NAME J. T. Osborn.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County. MO. 0

MOTHER
15. MAIDEN NAME Louisa Thomson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY. 1

17. INFORMANT (ADDRESS) Martha Lee Osborn. Warrensburg, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Jan. 2, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Phillips. Warrensburg, MO.
20. FILED Jan. 2, 1939 Eva Gentry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937, to Dec 31, 1938
I last saw her alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 12:08 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary	1931 ?

Other contributory causes of importance: 22

Name of operation None Date of
What test confirmed diagnosis? Clin. Laboratory 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) E. R. Cooper M. D.
(Address) Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-32-38 I X14023

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/12/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, R. Q. Phillips, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed R Q Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Mo

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

If this body is not embalmed, above space should be left blank.