

REC'D FEB 23 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

2447

## 1. PLACE OF DEATH

County Henry CoRegistration District No. 347Township 1Primary Registration District No. 3018City Clinton(No. 1)St. Mo.Ward 

## 2. FULL NAME

(a) Residence, No. 216

(Usual place of abode)

St. Mo.Ward 

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

✓

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

Infant Harry A Osborne

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

11/13/39

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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

Clinton Mo  
Henry County Mo

13. NAME

Harry A Osborne

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

Loury City  
St Clair Co Missouri

15. MAIDEN NAME

Ila J Wright

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

Loury City  
St Clair Co Mo

17. INFORMANT (ADDRESS)

Harry Osborne  
Loury City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Concord CemeteryDATE 1/14/1939

19. UNDERTAKER (ADDRESS)

H. C. Austin  
Loury City Mo

20. FILED

1-28

19

311939

## MEDICAL CERTIFICATE OF DEATH

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

1-13-1939

22. I HEREBY CERTIFY, That I attended deceased from

1-13-1939 to 1-13-1939I last saw him alive on 1-13-1939 Death is saidto have occurred on the date stated above, at Clinton Mo

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

Congenital heart malformation

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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 1939

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?

If so, specify

(Signed)

(Address)

W. H. Allen  
Clinton, Mo.

M. D.

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.

RECEIVED

District Health Officer No. 71

District File Number

9-89-215-

Date Filed

2-8-39