

RECORDED FEB 28 1939

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

Do not use this space.

1. PLACE OF DEATH

County Webster

Township West Benton

City

(No. _____)

Registration District No. 901

Primary Registration District No. 6209A

File No. 4268

Registered No. 46

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

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

Male

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

Minerva

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

Sept. 30, 1858

7. AGE

YEARS

80

MONTHS

3

DAYS

19

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

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

Christian Co. Missouri

MOTHER FATHER

13. NAME

Alexander Osburn

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

Tennessee

15. MAIDEN NAME

Rogers

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

Tennessee

17. INFORMANT (ADDRESS)

Mrs. Tip Willis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Monger Cem. DATE 1-22-1939

19. UNDERTAKER (ADDRESS)

Kelley and Ferrell Rogersville Mo.

20. FILED

1-24-39

J. C. Bassore Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 18, 1939

22. I HEREBY CERTIFY, that I attended deceased from

Oct 10, 1939, to Jan. 18, 1939

I last saw him alive on Dec 10, 1939, 19____. Death is said

to have occurred on the date stated above, at 9:40 a.m.

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

apoplexy Date of onset 10-13-38

Other contributory causes of importance:

apoplexy 2nd stroke 1/14/39

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? _____ 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?

If so, specify _____

(Signed) Elbaile

M. D.

(Address) Rogersville Mo.

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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. 6,

District File Number 6-39-255-

Date Filed FEB 15 1939