WHITE 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.

ESD APR 21 1938

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

Do not use this space.

12694

1. PLACE OF DEATH 2
County Washington 11.6
Township Union 1
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6182

File No. .....
Registered No. .....

2. FULL NAME 200 Rosie Laura Osia

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30---1877

7. AGE: YEARS 62 | MONTHS x | 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.: Housewife
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): Old Mines Mo.

FATHER
13. NAME: Zemo Polite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Julian Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mildred Osia, Cadet Mo. R.R. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old Mines Mo. DATE: 2/21/39, 19

19. UNDERTAKER (ADDRESS): J.B.Boyer & Son, Potosi Mo.

20. FILED Feb 21 1939 G.F. Cressurle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19.1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939, to Feb 19, 1939
I last saw her alive on Feb 18, 1939 Death is said to have occurred on the date stated above, at 6.30A m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Following Attack 94

Date of onset

Other contributory causes of importance:
about 5 yrs ago

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) G.F. Cressurle, M. D.
(Address) Potosi, Mo.