

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

Do not use this space.

32063

1. PLACE OF DEATH

1/2 County Henry
4 Township
7 City Clinton Mo (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 94 Ward _____

2. FULL NAME

Robert Eugene Osborn
(a) Residence, No. 323 N-4 St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 - 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 7 8 18

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

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) Sipon Illinois

13. NAME Eugene Osborn

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

15. MAIDEN NAME Hazel Miller

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

17. INFORMANT Eugene Osborn (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE 10-20 1932

19. UNDERTAKER J. Spence (ADDRESS) Clinton Mo

20. FILED 10/19 1932 Ed C. Beeler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932 to Oct 19, 1932
I last saw him alive on Oct 19, 1932 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

Cor's Spinal Meningitis Date of onset 11/5
127.6
79.6
Other contributory causes of importance: Sh. Fall trouble

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Raymond A. Cooper, M. D.
(Address) Clinton Mo

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. NOV 23 1932

1