

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Clinton mo  
City Clinton mo

Registration District No. 747  
Primary Registration District No. 708

File No. 16482  
Registered No. 63  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1861

7. AGE YEARS 72 MONTHS 9 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Bloomington Mason Mo

13. NAME John H. Osborne

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

15. MAIDEN NAME Matilda Palmer

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

17. INFORMANT Lova G. Watson (ADDRESS) Batesville Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/26/34

19. UNDERTAKER (ADDRESS) Spore & Son

20. FILE NO. 16482 134 J R Hampton Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1934, to 5-24 1934. I last saw him alive on 5-23 1934. Death is said to have occurred on the date stated above, at 4.4 a.m.

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

Cerebral  
Asphyxia  
Aspirin Poisoning

Other contributory causes of importance: \_\_\_\_\_

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) A. S. Walker M. D.  
(Address) Clinton Mo

N. B.—Every return or information furnished to the cemetery supplier, or to the State EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 21 1934

