

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

Do not use this space.

REC'D DEC 16 1938

39294

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Bogard Primary Registration District No. 5485
 City Blairstown (No. _____) St. _____ Ward _____

2. FULL NAME 216 Amanda M. Osborn

(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lock B. Osborn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 1861
 7. AGE YEARS 77 MONTHS 2 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hs. Wife
 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) Trenton (STATE OR COUNTRY) Mo.

13. NAME Lewis Minor

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Mrs. O. M. Osborn (ADDRESS) Blairstown, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Blairstown, Mo DATE 11-20-38

19. UNDERTAKER O. L. Cook (ADDRESS) Chilhowee, Missouri

20. FILED 11-28 1938 Dr. J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1938

I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Nov 19 1938
 I last saw him/her alive on Nov 18 1938 Death is said to have occurred on the date stated above, at 6 P.M.

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

Chloroform
of identity
AD

Other contributory causes of importance:

Chronic Myocarditis 3 yrs

Name of operation _____ Date of _____
 Where and how performed _____ Was an autopsy performed _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury Nov 19

Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No
 (Signed) Geo W. Griffith, M. D.
Gar den (Address) _____

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. 7;

District File Number 7-38-450

Date Filed 12-5-38