

WRITE PLAIN, 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.

OCT 24 1931

Hall

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

Do not use this space.

34839

1. PLACE OF DEATH

County Johnson. Registration District No. 431  
Township Warrensburg Primary Registration District No. 3023  
City Warrensburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jessie Thomas Osborn.

(a) Residence, No. 421 Grover St. 3rd 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) <b>Married,</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <b>Martha Louisa Osborn.</b> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 26, 1850.</b>		
7. AGE <b>81</b>	YEARS	MONTHS <b>8</b>
		DAYS <b>9</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Minister</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Baptist minister</b>	
	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) **Johnson Co. Mo.**

13. NAME **Abner Osborn.**

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

15. MAIDEN NAME **Eliza Glass**

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

17. INFORMANT **Jessie May Osborn**  
(ADDRESS) **Warrensburg, Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Sunset Hill** DATE **Oct 9 1931**

19. UNDERTAKER **R. G. Phillips.**  
(ADDRESS) **Warrensburg, MO**

20. FILED **Oct 10 1931** *Wm. Patterson*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 7 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 6<sup>th</sup>** 1931 to **Oct 7<sup>th</sup>** 1931  
I last saw him **Oct 6<sup>th</sup>** 1931 alive on **Oct 6<sup>th</sup>** 1931. 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:

*Acute heart trouble, probably myocardial.*  
**93D**  
**118C**

Other contributory causes of importance: *Acute indigestion*

**9310**  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What last 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? **NO.**  
If so, specify \_\_\_\_\_  
(Signed) *O. B. Hall* M. D.  
(Address) *Warrensburg, MO*

