

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

Do not use this space.

**13247**

**1. PLACE OF DEATH**

County Marion  
Township Fabius  
City X (No. \_\_\_\_\_)

Registration District No. 548.  
Primary Registration District No. 5743.

File No. \_\_\_\_\_  
Registered No. 25  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Rose E. Osborn

(a) Residence, No. Fabius Township 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 David Osborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 21, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84      3      0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 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) X Ralls Co. Missouri |

MOTHER 13. NAME Abraham Seeley

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 31  
Not known

17. INFORMANT Mrs. W. J. Selick (Daughter)  
(ADDRESS) Star R. Palmyra, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Ralls Co DATE April 23, 1932

19. UNDERTAKER Shu M. Smith  
(ADDRESS) 902 Brady, Hannibal, Mo.

20. FILED April 22, 1932 Gertrude Lee  
Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932 to April 20, 1932  
I last saw him alive on April 20, 1932 Death is said to have occurred on the date stated above, at 4:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Heart trouble  
95 B  
200 W  
Date of onset not known  
Other contributory causes of importance: Infirmities of old age

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? No.  
If so, specify \_\_\_\_\_  
(Signed) P. H. Stillman M. D.  
(Address) Palmyra, 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.

MAY 26 1932

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