Dr. Ossman

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

Do not use this space.
39537

JAN 3 1934

1. PLACE OF DEATH
County: Cole — Registration District No.: 2, 3 — File No.: 271
Township: — Primary Registration District No.: 3014 — Registered No.:
City: Jefferson (No. , St. Ward)

2. FULL NAME: Joseph P. Virden

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-16-1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student 210M
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " 712M
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 8 2/12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morrisonville, Ills

FATHER
13. NAME: C.C.Virden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fillmore, Ills.

MOTHER
15. MAIDEN NAME: Ruby Calvert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edmond, Oklahoma

17. INFORMANT: C.C.Virden
(ADDRESS): Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Morrisonville, Ills DATE: Dec-5-1933

19. UNDERTAKER: Morris G. Gordon
(ADDRESS): Jefferson City Mo

20. FILED: Jan 6, 1934 (H. O. Bradford) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1933, to Dec. 4, 1933
I last saw him alive on December 4, 1933. Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident	
Skull fracture	12/2/33
Cerebral Hemorrhage	
Internal Injuries	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 2, 1933
Where did injury occur? Jefferson City - Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place - Street
Manner of injury: Automobile accident
Nature of injury: Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) Julian A. Ossman, M. D.
(Address) 234 Madison St Jefferson City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is [illegible]

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No. 39537

Township — Primary Registration District No. 3014 — Registered No.

City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Joseph P Virden

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED ..... 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ....., to ....., 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at ..... m.

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

Automobile accident
Skull fracture
Cerebral hemorrhage
Internal injuries

Date of onset

Other contributory causes of importance:

Was riding a bicycle and was struck by car

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) ....., M. D.

(Address) .....

SUPPLEMENTARY

S-39537