

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

Do not use this space.

31762

1. PLACE OF DEATH

County Washington
Township Union
City Old Mines (No.)

Registration District No. 887
Primary Registration District No. 6182

File No.
Registered No.
St. Ward)

2. FULL NAME Clarence Joseph Oshia

(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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katie Thebeau</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/4/1902</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>6</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
	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) <u>Old Mines</u> (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Eugene Oshia</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Old Mines</u> (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary L. Portell</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Old Mines</u> (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Silas Oshia</u> (ADDRESS) <u>Cadet Mo. R. 1.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Mines</u> DATE <u>8/15/34</u> 19 <u>34</u>		
19. UNDERTAKER <u>J.B. Boyer & Son</u> (ADDRESS) <u>Potosi Mo.</u>		
20. FILE <u>Aug 15 1934</u> <u>G.F. Creswell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/14/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to Aug 14 1934
I last saw him alive on Feb. 10 1934 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:
Endocarditis
92 A
~~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

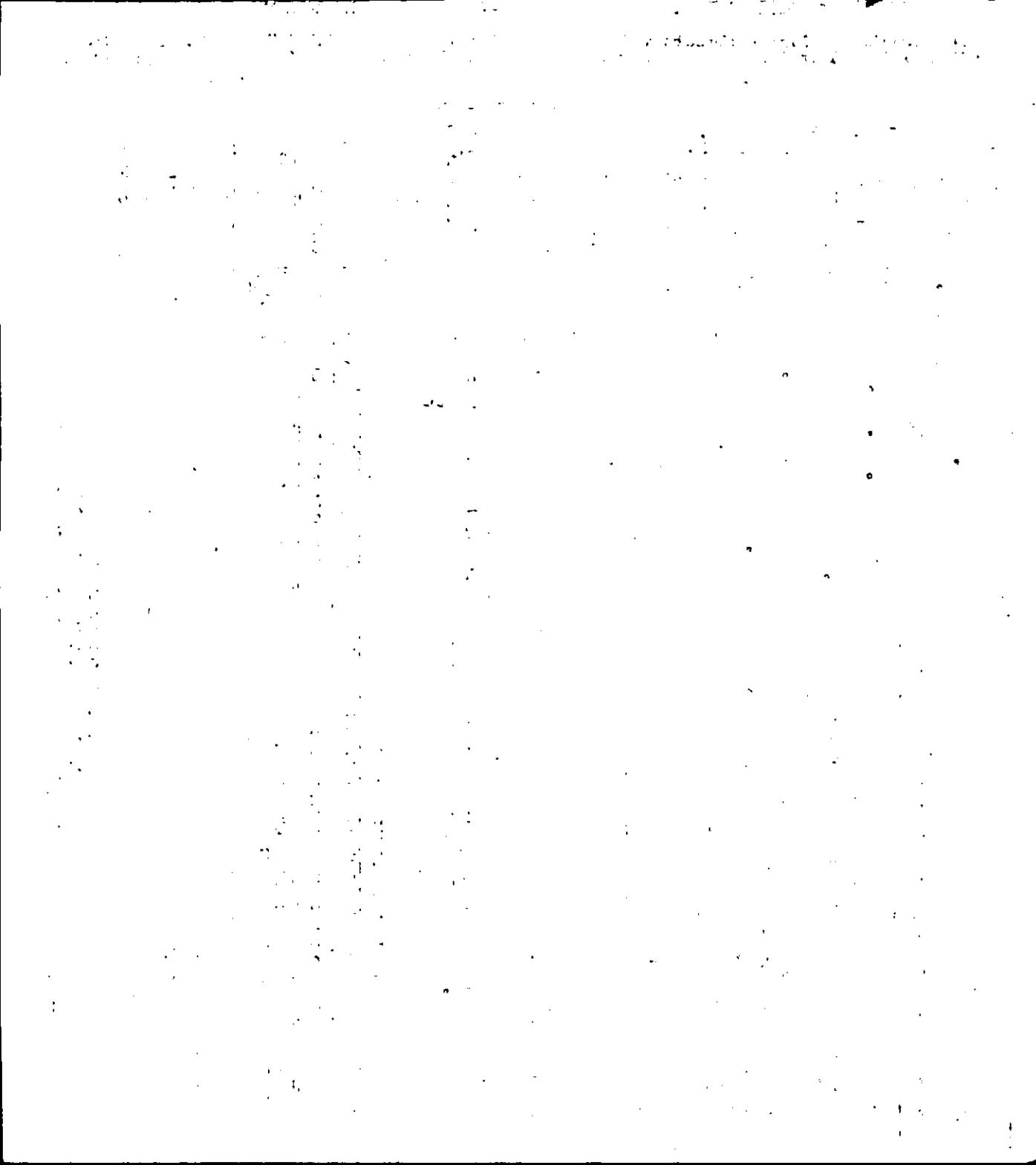
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. H. Russell M. D.
(Address) Potosi Mo.

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.

AUG 16 1934

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

16



Washington

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Clarence Joseph O Shea
Who died at _____ on Aug 14 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 32 Months 6 Days 10

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Endocarditis Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) Chicago
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

(Signature of Registrar) G. F. Resauille Date filed Aug 15 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 887 Very truly yours,
Primary Reg. Dist. No. 6128 E. T. McGaugh
State Registrar
Special Agent.

