

FEB 25 1935

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

Do not use this space.

1759

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No.

Township Joplin

Primary Registration District No. 2.002

Registered No.

City Joplin (No. 3120)

Joplin

St. Ward)

2. FULL NAME

E. M. Osborn

(a) Residence, No. 3120 Joplin St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31 1882

7. AGE YEARS 52 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance agent
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) Stillwater Okla.

MOTHER 13. NAME Frances M. Osborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Frankie Osborn (ADDRESS) Joplin Mo.

18. BIRTH, CREMATION, OR BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Manford Okla. DATE 126 35

19. UNDERTAKER (ADDRESS) Wentworth Co. Joplin Mo.

20. FILED 1726 1935 Joplin Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1925 to Jan 20 1935
I last saw him live on Jan 20 1935 Death is said to have occurred on the date stated above, at 11 a. m.

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

Fatty degeneration of heart a definite contributory cause being heart blocks

Other contributory causes of importance: acute indigestion

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) W. J. Sawyer, M. D.

(Address) Joplin 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.

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