SEP 18 1935

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

Do not use this space.

25663

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 882

City St. Joseph, Mo. (No. Mo. Meth Hosptl. St. Ward)

2. FULL NAME John F. Osborn

(a) Residence, No. Rushville, Mo. 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	6	9	

OCCUPATION

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

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) Winston, Mo.

FATHER

13. NAME George Osborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

MOTHER

15. MAIDEN NAME Catherine Colvin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) Mary A. Osborn Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Winston, Mo. DATE Aug. 25 1935

19. UNDERTAKER (ADDRESS) LEEMAN MORTUARY, INC. St. Joseph, Mo.

20. FILED 8-24- 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/22/35, 19..., to 8/23/35, 19...

I last saw him alive on 8/23/35, 19... Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
Cerebral Haemorrhage	8/21/35

Other contributory causes of importance: Arterio Sclerosis

Name of operation none Date of

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

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) C. H. Wallace M. D.

(Address) St Joseph, Mo 30, N 8

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.