

JUN 25 1936

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

Do not use this space.

20430

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
Township Superior Primary Registration District No. 3934 Registered No. 123
City Moberly (No. Woodland Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Glasgow, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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 or (OR) WIFE OF <u>J. E. Osborne</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20, 1958</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>78</u>	<u>—</u>	<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>May 18, 1936</u>			
11. Total time (years) spent in this occupation <u>life</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard County Mo</u>				
MOTHER	13. NAME <u>May Collins</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Fanny Hughes</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
17. INFORMANT (ADDRESS) <u>Mrs. J. J. Jackson Glasgow Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glasgow Mo</u> DATE <u>May 24, 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Walker Gurdley Glasgow Mo</u>				
20. FILED <u>5/23, 1936 Virginia Walker Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to May 22, 1936.
I last saw him alive on May 22, 1936. Death is said to have occurred on the date stated above, at 12:15 P. m.
The principal cause of death and related causes of importance were as follows:
Accidentally fell in yard at home & fractured right hip Date of onset May 18, 1936
Pneumonia W.W. 1936
Other contributory causes of importance _____

Name of operation Fracture set Date of May 19, 1936
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 18, 1936
Where did injury occur? Glasgow Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home - Planting flowers
Manner of injury Accidentally fell to ground
Nature of injury Fracture neck right femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. D. Streebner, M. D.
Moberly, Mo

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

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.

