

REC'D FEB 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid Registration District No. 55  
Township Anderson Primary Registration District No. 6262  
City Osborne (No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

File No. 10 3222  
Registered No. 1360

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1939

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

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) Osborne Mo

13. NAME Herman Kinnon

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

15. MAIDEN NAME Ruth Patterson

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

17. INFORMANT Herman Kinnon

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborne Mo DATE Feb 11 1939

19. UNDERTAKER (ADDRESS) J. B. Meyer

20. FILED Feb 10, 1939 D. C. Munn Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1939

22. I HEREBY CERTIFY, That I attended deceased from only Jan. 10, 1939 to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on Born dead, 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:  
Born dead due to cord pressure Date of onset

Other contributory causes of importance:  
None

Name of operation None 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? \_\_\_\_\_ 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) D. A. Peeler M. D.

(Address) Osborne Mo

