REC'D MAR 15 1939

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

7265
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe
(b) Township So. Fork
(c) City
Registration District No. 6-86
Primary Registration District No. 6784
Registered No. 2
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LESLIE DE OSNELLIS, JR.
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1939

7. AGE: YEARS | MONTHS | DAYS: Still born
If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as 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) Monroe Co., Mo.

FATHER
13. NAME Leslie De Osnellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ill.

MOTHER
15. MAIDEN NAME Carrie Alma Blair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT Leslie De Osnellis
(ADDRESS) Stoutsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill Cem. DATE Mar. 1, 1939

19. FUNERAL DIRECTOR (NAME) none
(ADDRESS)

20. FILED Mar. 1, 1939 Effie Drake
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-28-, 1939, to, 19
I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn (Delivery was spontaneous)	

Other contributory causes of importance:
No Wassermann run. Cord was around baby's neck 2 x and cord was compressing in 2 places. Baby had apparently been dead about 12 hrs. (no serological tests)

Name of operation None Date of
What test confirmed diagnosis? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. A. Barnett, M. D.
(Address) Paris, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.