REC'D MAR 23 1939

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

Do not use this space.

1. PLACE OF DEATH

107 County Texas — Registration District No. 18 — File No. 8061

Township Morris — Primary Registration District No. 6139 — Registered No. 6

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME 216 Vinettie Osburn

(a) Residence, No. ..... 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: Female
4. COLOR OR RACE: white
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word): widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF J. M. Osburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4. 1856

7. AGE: YEARS 82 — MONTHS 3 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Retired Housekeeper
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) unknown

FATHER

13. NAME Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Polyann Coats.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John H Armstrong

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Union DATE Feb 13, 1939

19. UNDERTAKER (ADDRESS) none

20. FILED Mar 1, 1939 Pearl E McCall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from No Dr. in, 19 to ....., 19....

I last saw h..... alive on attendance, 19..... Death is said to have occurred on the date stated above, at 4.30 m.

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

Suppose to be old age, had been failing for the last three years might of had a stroke on last. No Dr

Date of onset

Other contributory causes of importance: in attendance

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Pearl E McCall L.R., ~~M.D.~~

777 (Address) Mtn Grove 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.