

NOV 7 1939

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

Do not use this space.

35418

1. PLACE OF DEATH

County Barton Registration District No. 39
Township _____ Primary Registration District No. 4023
City Golden City (No. _____) St. _____ Ward _____

2. FULL NAME

William Wesley Osborne
(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 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. 16 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
63 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
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) Decatur Co. Iowa

13. NAME John W. Osborne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co. Pa.

15. MAIDEN NAME Almira Ann Pouch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Iowa

17. INFORMANT (ADDRESS) Joe Osborne, Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACES S.D.P. Cem. Golden City, Mo. DATE Oct. 7, 1939

19. UNDERTAKER (ADDRESS) E. G. Phillips, Golden City, Mo.

20. FILED 257 1939 Time Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 10th, 1939, to October 5th, 1939
I last saw him alive on October 5th, 1939. Death is said to have occurred on the date stated above, at 3 P. m.

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

chronic heart disease (myocarditis, etc. cordis, coronary)
Date of onset _____
_____ years _____ age

Other contributory causes of importance: stroke

Name of operation _____ 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? _____

If so, specify _____ (Signed) Wesley Knapp M. D.

(Address) Golden City, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2161

Date Filed NOV 3 1939