

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

Do not use this space.

18526

1. PLACE OF DEATH

County Darwin Registration District No. 36
 Township Seignier Primary Registration District No. 5052
 City Seignier (No.) St. Ward)

2. FULL NAME

William J Osborne
 (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

3. SEX M. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-3-1872

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
58 | 5 | 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Carrier
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

10. NAME OF FATHER George Osborne

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Editha Edens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Maud Osborne (Address) Seignier Mo

15. FILED 6/26, 19. 30 J. R. Osborne, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-25 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 3:10 P.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

310 Cancer
Prostate
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 119
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? 1 DATE OF

WAS THERE AN AUTOPSY? 1

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. S. Jackson, M. D.

, 19 30 (Address) Seignier, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Seignier 6/26/30

20. UNDERTAKER

ADDRESS

Home Funeral Service Osborne
Mo

N. B.—Every item of information should be carefully applied. AGE should be stated exactly. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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