

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

Do not use this space.

1209

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Barry Primary Registration District No. 1002
City Campt (No. 2811)

File No. 2811
Registered No. 210
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2811 Campt St. J Ward 4
(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED; WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr P. E. Osborne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
76 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

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) Dec 10 1931 11. Total time (years) spent in this occupation 50 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clatsop

13. NAME William Tate Osborne

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Mr P. E. Osborne

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7-21 1932

19. UNDERTAKER W. J. Miller

20. FILED Jan 21 1932 W. J. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1931 to Jan 15 1932
I last saw him alive on Jan 13 1932 Death is said to have occurred on the date stated above, at 10 m.

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

Chronic Interstitial Nephritis Date of onset 131
1180 131

Other contributory causes of importance: Chronic cystitis?

Name of operation none Date of _____

What test confirmed diagnosis laboratory Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____

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) L. V. Miller M. D.

(Address) 211 New Center Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

