

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

Do not use this space.

AUG 10 1936

25978

1. PLACE OF DEATH

County Cale

Registration District No. 211

Township Marian

Primary Registration District No. 2

City (No)

St. (No) Ward (No)

2. FULL NAME

(a) Residence, No. Frederick Wm Osick
(Usual place of abode) near Centertown, Mo.

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 - 1858

7. AGE YEARS 78 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Moniteau Co.

13. NAME Frederick Wm Osick

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

15. MAIDEN NAME Amey & Bingham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm Osick

18. BURIAL, CREATION, OR REMOVAL PLACE Saline Cem DATE 7/16/36

19. UNDERTAKER (ADDRESS) Halligan & Friedmeyer

20. FILED 7/16/36 H. F. Leach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1932 to July 14, 1936

I last saw him alive on July 14, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

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

Heat Stroke

Date of onset about noon

Other contributory causes of importance:

Chronic nephritis several years standing

Name of operation none Date of none

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? none Date of injury none, 19 none

Where did injury occur? none (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 none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank J. Nichols, M. D.
(Address) Centertown, 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.

