2052

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 150
Registrar's No. 1526

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 917 E. Coronado (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 79 yrs. (Specify whether years, months or days) ; in Arizona 79 yrs.

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Phoenix (If outside city limits also write RURAL)

(d) Street No. 917 E. Coronado ; (e) Citizen of foreign country (yes or No) No

If Yes, which country None

3. (a) FULL NAME Neri E. Osborn, Sr. (b) If Veteran name war ---- (c) Social Security No. None

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife: Marilla W. Osborn

6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased: Apri. 7, 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	5	29	hrs. ....min.

9. Birthplace: Adams Co., Iowa (City, town or county) (State or Country)

10. Usual Occupation: Accountant (C.P.A.)

11. Industry or Business

Father
12. Name: John P. Osborn
13. Birthplace: Tennessee (City, town or county) (State or Country)

Mother
14. Maiden Name: Pauline R. Swetman
15. Birthplace: Kentucky (City, town or county) (State or Country)

16. (a) Informant's own signature: Sidney P. Osborn, son
(b) Address: 77 W. Encanto, Phx., Ariz.

17. (a) Burial, Cremation or Removal: Cremation
(b) Place: Greenwood (c) Date: Oct. 8 19 43

18. (a) Embalmer's Signature: Frank Healy
(b) Funeral Director: A. L. Moore and Sons
(c) Address: Phoenix, Arizona

19. (a) OCT 12 1943 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 6, 1943, 19....;
TIME (Hour and minute) 3:00 P. M. M.

21. I hereby certify that I attended the deceased from May 8, 1942, 19.... to Oct. 6, 19 43; that I last saw him alive on Oct. 6, 19 43; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — DURATION: 7 days

Due to: Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: none

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Aris B. Baldwin M. D.
Address: 414 Pro Bldg. Date signed: Oct 9 43

20M 100% Rag 8-42 B. Co.

County File No. Date Received