

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 75

Registrar's No. 33

1. Place of Death: (a) County Sila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 mo.; In Community 1927 10 yrs; In Arizona 1927 18 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz. (b) County Sila (c) City or Town Miami
(If outside city limits also write RURAL)

(d) Street No. 1049 Adonis Ave. (e) Citizen of foreign country (Yes or No) No
If Yes, which country (c) Social Security No. 527-22-5707

3. (a) FULL NAME Agnes Winnie Osborn (b) If Veteran name war No

4. Sex Female 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Clarence R. Osborn 6. (c) Age of husband or wife, if alive 39 yrs.

7. Birthdate of deceased June 9 1913
(Month) (Day) (Year)

8. AGE: Years 33 Months 11 Days 3
If less than one day hrs. min.

9. Birthplace Skiatook Okla.
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business

Father { 12. Name Robert Winn Selby
13. Birthplace Indian Territory
(City, town or county) (State or Country)

Mother { 14. Maiden Name Marylee Walden
15. Birthplace Skiloh Oklahoma
(City, town or county) (State or Country)

16. (a) Informant's own signature A. Osborn
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz. (c) Date May 17 1947

18. (a) Embalmer's Signature
(b) Funeral Director Sita G. Mills
(c) Address Miami Ariz.

19. (a) MAY 20 1947
(Date received by Registrar)
(b) Stacy R. Ramsey
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 12 1947
TIME (Hour and minute) 7:00 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to May 12 1947
that I last saw him alive on May 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to _____
Due to _____

Other conditions (Include pregnancy within three months of death)
Major findings: Of operations _____

Of autopsy _____

DURATION

6 mo

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? _____

While at work? _____ (Specify type of place)

23. Signature Robert Selby
Address Miami, Ariz. Date signed 5-20-47 M.D.

Wm. Wash