

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

Do not use this space.

2193

1. PLACE OF DEATH

County

Kandolph

Registration District No.

733

Township

City

Huntsville

Primary Registration District No.

4438

(No. *County Infirmary*)

File No.

Registered No.

6

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

John Horsecroft
County Infirmary

Ward.

60

(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

White

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)

Aug 12^d 1835

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

92

5

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Baker.

(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)

England

10. NAME OF FATHER

Henry Horsecroft

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Oress Neigum
Huntsville Mo

15.

Jan 30, 1928

G G Pragg

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 28th 1928

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 28*, 19*28*, to *Jan 28*, 19*28* and that I last saw him alive on *Jan 27*, 19*28*, and that death occurred, on the date stated above, at *5:30 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chr. Bright's Disease

131

97

129

(duration) *2* yrs. *2* mos. *2* ds.

CONTRIBUTORY (SECONDARY)

Atherosclerosis

(duration) *3* yrs. *3* mos. *3* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

G G Pragg

M. D.

1-30th

1928 (Address) *Huntsville*

*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

Moberly, Mo

1-31st 1928

20. UNDERTAKER

Muhlem and Son

ADDRESS

Moberly Mo

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.

