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

Do not use this space.

4776

1. PLACE OF DEATH
County Jackson
Township ~~Blue~~
City Independence (No. 220, Sant Osage St. 1 Ward)
Registration District No. 398
Primary Registration District No. 3019
File No.
Registered No. 84

2. FULL NAME Sarah Hornney
(a) Residence. No. 220 S. Osage St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 19 - 1858
7. AGE Years 69 Months 5 Days 6 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED 46E
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER John P. Hornney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson Co. Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Scruggs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Georgetown
(STATE OR COUNTRY) Ky
14. INFORMANT W. S. Hornney
(Address) Independence Mo
15. FILED Feb 28 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25- 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 15th 1928, to 1928 that I last saw her alive on Feb 25 1928 and that death occurred, on the date stated above, at 7:00 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the liver - Primary
44 (A) about yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Idiopathic
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C H Allen M.D.
2-27- 1928 (Address) Owens - Wyatt Bed Independence

*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 Wood Lawn Cem.
DATE OF BURIAL Feb 26th 1928
20. UNDERTAKER Ott and Mitchell
ADDRESS Independence Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state ... be carefully supplied. Exact statement of OCCUPATION is very important.

R 9 1928