

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

Do not use this space.

1916

1. PLACE OF DEATH

County Ga. Union

Registration District No. 399

File No. 510

Township Ga. Union

Primary Registration District No. 1002

Registered No. 510

City Kansas City

(No. Kansas City Gen. Hosp.)

St. Mo. Ward 1

2. FULL NAME

Hornberger Philip

(a) Residence. No. 200 W. 4th St. 1 Ward.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 65

8. OCCUPATION OF DECEASED

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

(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) Wisconsin

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Reverend Clerk
(Address) K.C. General Hosp.

15. FILED 2-1 1929 M. C. Crum REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29 1929

17. I HEREBY CERTIFY That I attended deceased from 1-25 1929 to 1-29 1929, and that I last saw him alive on 1-29 1929, and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Broncho-Pneumonia
82.0
107A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Idemiplegia

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH

8 DID AN OPERATION PRECEDE DEATH? DATE OF OPERATION
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. E. Williams, M. D.
1-29 1929 (Address) Subt K.C. Gen. Hosp.

*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 Sec 4 DATE OF BURIAL 2-1-1929

20. UNDERTAKER O. V. Mast ADDRESS 1915 E 15

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.

