

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.

39
 56
 5

Horst
 Lander

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

Do not use this space.
 30591

1. PLACE OF DEATH Greene
 County Jackson Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield MO (No. _____) St. _____ Ward)

2. FULL NAME Demmie Barton Hornbeck
 (a) Residence. No. 501 So Grant St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 699
 St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1899

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
	85	2	9	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrensburg MO
 (STATE OR COUNTRY)

10. NAME OF FATHER Asa Byrd
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baltimore Maryland
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT (Address) Shelby W. Wren 1029 Union Nat Bank Bldg

15. FILED 9-25-29 Gene Sharp REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1929
 17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1929 to Sept 24 1929
 that I last saw him alive on Sept 25 1929, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
Coronary heart
50
879 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Senility, Paralysis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Murray C. Stone, Coroner M. D.
Age 25, 1929 (Address) Springfield Mo

*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 East Lawn DATE OF BURIAL Sept 25 1929

20. UNDERTAKER F. C. Thieme ADDRESS Springfield MO

PARENTS

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