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

Do not use this space.

34690

File No. .....

Registered No. 97

1. PLACE OF DEATH

County: Phelps — Registration District No. 677

Township: ..... — Primary Registration District No. 4403

City: Rolla Mo (No. ....., ... St. ..... Ward)

2. FULL NAME: William Hore

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 8 - 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	87	3	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

(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): Pulaski Co. Ky.

PARENTS

10. NAME OF FATHER: Philip Hore

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

12. MAIDEN NAME OF MOTHER: Lilly Slogsdill

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

14. INFORMANT: Geo. Hore
(Address): Rolla Mo.

15. FILED: Oct 6, 1929 — Jno. F. Ayers, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1929, to Oct 6, 1929, that I last saw him alive on Oct 5, 1929, and that death occurred, on the date stated above, at 9.18 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Inflammation of Prostate Gland and suppression of urine
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): .....
(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? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo. W. Hanson, M. D.

Oct 6, 1929 (Address) Rolla 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	DATE OF BURIAL
Cold Spring, Mo	Oct 6 1929
20. UNDERTAKER	**ADDRESS**
Mull & Bicklider	Rolla, Mo

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.

PERMANENT RECORD

81 — 24 — 1929 — 4 — 2

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