

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 701
1012

Township.....

Primary Registration District No.....

City Lewis (No. City)

St. Walton Ward 3

File No. 34213
Registered No. 9552
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2838 Watson St. 3 Ward.

Length of residence in city or town where death occurred 45 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 Martha

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 4

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

10. NAME OF FATHER Edw. Hornfield

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

12. MAIDEN NAME OF MOTHER Elizabeth Ford

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

14. INFORMANT Edman (Address) City Hospital

15. OCT - 6 1930 FILED Max O. Starkling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 30

17. I HEREBY CERTIFY That I attended deceased from Aug 16 to Oct 5 1930 that I last saw him alive on Oct 5 1930 and that death occurred, on the date stated above, at 12 22 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Prostate

510 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH you

1 DID AN OPERATION PRECEDE DEATH? no DATE OF 9-4-30
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Certical
(Signed) W. Ehrmann M. D.
10/6 1930 (Address) City Hospital

*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 Valhalla DATE OF BURIAL Oct 18 1930

20. UNDERTAKER Wacker Heldecke ADDRESS 7331 Selby

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.

Hosefield