

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

Do not use this space.

4858

1. PLACE OF DEATH

County Cedar
 Township ~~St. Louis~~
 City El Dorado Springs (No.)

Registration District No. 163
 Primary Registration District No. 4095

File No.
 Registered No. 13
 St. Ward

2. FULL NAME John Hornbeck

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF Belle Hornbeck
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7-1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Shoemaker 165
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saline County
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER John Hornbeck

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

12. MAIDEN NAME OF MOTHER Mary E. Watson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) n/a
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Belle Hornbeck
 (Address) El Dorado Springs Mo

15. FILED 2-28-1931 J. H. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1931 to Feb 28 1931 that I last saw him alive on Feb 27 1931, and that death occurred, on the date stated above, at 215 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
9 hrs
Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) J. H. W.
 (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) J. H. Dawson M. D.

2-28-1931 (Address) El Dorado Springs

*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 City Cemetery DATE OF BURIAL Mar 1 1931

20. UNDERTAKER J. H. Dawson ADDRESS El Dorado Springs 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.

24 1931

