

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

Do not use this space.

9320

**1. PLACE OF DEATH**

69 County Monroe Registration District No. 581  
3 Township Monroe Primary Registration District No. 4343  
2 City Monroe City (No. 108 Third St. 3 Ward)

**2. FULL NAME**

Lucy Eliza Hornback  
(a) Residence, No. 108 Third St. 3 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marshall A. Hornback  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29 - 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 4 5  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -  
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana

13. NAME Joseph W. Buchanan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Electa Fountain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Laura A. Hornback (ADDRESS) Louisiana Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Andrew Cemetery DATE March 7, 1932

19. UNDERTAKER Wilson & Son (ADDRESS) Monroe City Mo.

20. FILED 3-6 1932 O. W. Wilson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5<sup>th</sup> 1932

22. I HEREBY CERTIFY That I attended deceased from March 7<sup>th</sup> 1932 to March 5<sup>th</sup> 1932  
I last saw her alive on March 5<sup>th</sup> 1932. Death is said to have occurred on the date stated above, at 4:10 m.

The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia Date of onset March 1932  
100 B  
106 B 108

Other contributory causes of importance: Chronic Bronchitis 1920

Name of operation D Date of -  
What test confirmed diagnosis? - Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? - Date of injury -, 19-  
Where did injury occur? - (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -  
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify -  
(Signed) W. P. Phipps M. D.  
(Address) Monroe City Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 28 1932

11