

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

Do not use this space.

316 PFS

1. PLACE OF DEATH

County Jackson
Township Tracy
City W. C. Mo. (No. 5622 Tracy Ave.)

Registration District No. 399
Primary Registration District No. 1003

File No. 1806
Registered No. 1806
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5622 Tracy Ave. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Hornbostel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 22 - 1876</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>9</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u> 172		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Investment Co.</u>		
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) <u>Springfield, Mo.</u>		
13. NAME <u>August Hornbostel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ger</u> 16		
15. MAIDEN NAME <u>Anna Gottfried</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Emma Hornbostel</u> (ADDRESS) <u>5622 Tracy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>5-4</u> 19 <u>32</u>		
19. UNDERTAKER <u>Wm. C. J. Carter</u> (ADDRESS) <u>W. C. Mo.</u>		
20. FILED <u>May 2</u> 19 <u>32</u> <u>M. M. Brown</u> <u>Asst. Registrar.</u>		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2, 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Suicide, firearm Date of onset _____

Other contributory causes of importance:
167 167

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 5/2-32
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot through head
Nature of injury bullet through head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Stanley M. Powell M. D.
(Address) Regency Tower

WRITE 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.

