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

Do not use this space.

18384
56

1. PLACE OF DEATH
County: Scott
Township: 100 / 11 / 7
City: Sikeston
Registration District No.: 821
Primary Registration District No.: 6070 / 4553
(No. ..... St. ..... Ward)
File No.: 56
Registered No.:

2. FULL NAME: Fraun-Irene Hornbaul-

(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.

JUN 27

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-30-31

7. AGE: Years: 7 Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Sikeston Mo Scott Co

FATHER
13. NAME: Sidney Hornbaul-
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schlstadt Mo. Scott

MOTHER
15. MAIDEN NAME: Virginia Grace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo Cape Co

17. INFORMANT (ADDRESS): Sikeston Mo Sidney G. Hornbaul-

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Schlstadt Mo DATE: 5/23, 1932

19. UNDERTAKER (ADDRESS): G R Dingfelder Sikeston Mo

20. FILED: 6/10/32 Walter Edwards, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from about May 18, 1932, to May 21, 1932
I last saw him alive on May 21, 1932. 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:

	Date of onset
Illeo Colitis	
119 R	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) A A Mayfield, M. D.
(Address) Sikeston 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.