

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

Do not use this space.

25562

1. PLACE OF DEATH

14 County Callaway Registration District No. 109-
Township St. Aubert Primary Registration District No. 5-154
City _____ (Not) _____ St. _____ Ward _____

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

Charles Lewis Horstman
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Martha B. Horstman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 20 - 1872</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>0</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	
	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 _____		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co. Mo.</u>	
	13. NAME <u>Charles Horstman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
MOTHER	15. MAIDEN NAME <u>Luiza Czebusek</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
17. INFORMANT <u>C. E. Horstman</u> (ADDRESS) <u>Mokane, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u> Pleasant Hill</u> DATE <u>8-14-32</u>		
19. UNDERTAKER <u>Lawrence Groves</u> (ADDRESS) <u>Mokane, Mo.</u>		
20. FILED <u>8-19-32</u> <u>W. D. Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-32 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-12 1932 to 8-13 1932.
I last saw him _____ alive on 8-12 1932. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:
Stroke by lightning
1932
Other contributory causes of importance:
(1)

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 _____ 1932
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? _____
If so, specify _____
(Signed) W. D. Williams, M. D.
(Address) Mokane, 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.

SEP 21 1932

