

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

Do not use this space.

11959-25
AD
VJ

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1002**
City *St. Louis mo* (No. *215 S. 8*)

File No.....
Registered No. **3143**
St. Ward)

2. FULL NAME *David Horrie*

(a) Residence, No. *215 S. 8* St. *25* Ward.

Length of residence in city or town where death occurred *5* 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 *male* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 19, 1869*

7. AGE YEARS *65* MONTHS *7/10* DAYS *7* If LESS than 1 day, hrs. or min.

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. *Laborer*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *30*

12. BIRTHPLACE (CITY OR TOWN) *Mc Lemoreville* (STATE OR COUNTRY) *ten*

13. NAME *Gilbert Horrie*

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

15. MAIDEN NAME *Nancy Price*

16. BIRTHPLACE (CITY OR TOWN) *Alabama* (STATE OR COUNTRY)

17. INFORMANT *Hattie Harris* (ADDRESS) *215 S. 8 St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *April 4, 1933*

19. UNDERTAKER *Independent Burial ass* (ADDRESS) *2632 Lucas Row*

20. FILED *AFR - 3 1933* Registrar

3 *No* MEDICAL CERTIFICATE OF DEATH *Physician in attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 26, 1933*

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... *8:15* a.m.

The principal cause of death and related causes of importance were as follows: *Miliary Meningeal Tuberculosis - Chronic Pulmonary Tuberculosis and Tuberculous of Right Hemiparesis*

Other contributory causes of importance: *2, 3*

Name of operation..... 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? If so, specify.....

(Signed) *Sarad P. Smith* M.D. (Address) *Deputy Coroner*

3/31/33

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.

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