

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

Do not use this space.

13148

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 5554  
 City Independence Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Mabel Lizzie Horstman

(a) Residence, No. 1704 Evanston St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 49 yrs.  mo.  ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mo. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank L Horstman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 26-1871</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>2</u>	DAYS <u>19</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>Washer &amp; Stenographer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Waterworks Co.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 7-1933</u>		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jacksonville Illinois</u>				
MOTHER	13. NAME <u>John H. Fink</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Circleville Ohio</u>			
	15. MAIDEN NAME <u>Mary Luette</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Pennsylvania</u>			
17. INFORMANT <u>Miss Dora Fink</u> (ADDRESS) <u>1704 Evanston Ave. Indep. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>April 1933</u>				
19. UNDERTAKER <u>J. H. Mitchell</u> (ADDRESS) <u>Independence Mo.</u>				
20. FILED <u>Apr 17 1933</u> <u>H. L. Cook</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1933

22. I HEREBY CERTIFY That I attended deceased from Apr 19 1933 to Apr 14 1933  
 I last saw her alive on Apr 14 1933 Death is said to have occurred on the date stated above, at 11:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis Date of onset \_\_\_\_\_  
82 A  
97  
Cerebral Hemorrhage  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Joseph S. Beaulieu M. D.  
 (Address) 9631 Van Horn, Kansas City Mo.

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.

MAY 22 1933

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