

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 24 1933

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

Do not use this space.

14228

1. PLACE OF DEATH
 87 County Ralls Registration District No. 786
 29 Township _____ Primary Registration District No. 4482
 3 City New London (No. _____ St. _____ Ward _____)
 2. FULL NAME Sallie Hoornbaers
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 82
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 3 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Madisonville Mo
 MOTHER FATHER 13. NAME John Hornback
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Amenda Loun
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
 17. INFORMANT Mollie Briles (ADDRESS) New London mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bazely DATE Apr 29 1933
 19. UNDERTAKER Am Ripp (ADDRESS) New London mo
 20. FILED H-28 1933 by Walter Pagan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1933
 22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to April 27, 1933
 I last saw her alive on April 27, 1933. Death is said to have occurred on the date stated above, at 7 p m.
 The principal cause of death and related causes of importance were as follows:
Diabetes
 59
 Other contributory causes of importance: _____
 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? No 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) N J Waters, M. D.
 (Address) New London mo

