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.

JUN 22 1933

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

Do not use this space.

16882

File No. 184

Registered No.

1. PLACE OF DEATH
County Newton — Registration District No. 411
Township — Primary Registration District No. 2002
City Joplin Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs Phyllis Field Hornaday

(a) Residence, No. 3329 Oak Ridge Drive 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ward W. Hornaday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 28-1900

7. AGE: Years 32 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Calendar, Iowa

FATHER

13. NAME: Dr G. A Field
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ont. Canada ~~Des Moines Iowa~~

MOTHER

15. MAIDEN NAME: Laura Dillinghame
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ont Canada

17. INFORMANT (ADDRESS): Mrs Laura Field Des Moines

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Moines DATE May 9th 33

19. UNDERTAKER (ADDRESS): Frank Sievers Fund Co

20. FILED 5/9 1933 Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1933, to May 8, 1933, that I last saw him alive on May 8, 1933. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic organic heart disease	Chronic
Acute Coronary Thrombosis	
Other contributory causes of importance: Bronchio-pneumonia	4/29/33

Name of operation: None Date of: —
What test confirmed diagnosis? Clinical Was there 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? No
If so, specify.
(Signed) Rash L. Hoff, M. D.
(Address) Joplin Mo.