

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

Do not use this space.

23098

1. PLACE OF DEATH
 County Jackson Registration District No. 389
 Township Franklin Primary Registration District No. 1003
 City Kennett No. 1717 Council
 2. FULL NAME Lewis Hornback
 (a) Residence, No. 1717 Euclid 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.

File No. _____
 Registered No. 2798
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 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) June 1, 1870
 7. AGE YEARS 63 MONTHS 10 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Had carrier
 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) Texas
 FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk
 MOTHER
 15. MAIDEN NAME Unk
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT May Hornback
 (ADDRESS) 1717 Euclid
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Raphael's DATE 7/6 33
 19. UNDERTAKER Matkins
 (ADDRESS) 1729 Myra
 20. FILED July 6 1933 M. M. Lorimer
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1933
 22. I HEREBY CERTIFY That I attended deceased from Apr 24, 1933, to July 2, 1933
 I last saw him alive on July 10 a., 1933. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death had related causes of importance were as follows:
Gashilleer
924 Hemorrhage
117A
117C
 Other contributory causes of importance:
Mitral insufficiency
 Date of onset _____
 Name of operation _____ 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? 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) W. H. Hambrick, M. D.
 (Address) 2000 Prospect

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.

WRITE PLAINLY, WITH CAPITALS, IN THIS IS A PERMANENT RECORD

Hamburg