FEB 27 1934

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

Do not use this space.

1638

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No.
Township Joplin — Primary Registration District No. 3021 — Registered No. 3
City Webb City (No. Jane Chinn Hospital St. Ward)

2. FULL NAME Leota Lyle Horner

(a) Residence, No. (Usual place of abode) (318 S. Roane) St., Ward. (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: Fem
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8, 1905

7. AGE: YEARS 28 — MONTHS 8 — 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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): Joplin Mo

FATHER
13. NAME: Chris Jacobs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Yeocho Mo

MOTHER
15. MAIDEN NAME: Angie Jarvis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galena Kansas

17. INFORMANT (ADDRESS): Elmer Horner, Webb City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Park DATE 1-11-34, 19

19. UNDERTAKER (ADDRESS): Hurlbut Und Co, Joplin Mo

20. FILED 1-10, 1934 J. L. Gray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-9-34

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Jan 9, 1934
I last saw her alive on Jan 9, 1934. Death is said to have occurred on the date stated above, at 4-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Peritonitis	
following Caesarean	
Section & hysterectomy	

Other contributory causes of importance:
139 C
144 A
145 A

Name of operation: Caesarean Section — Date of 1-30-33
What test confirmed diagnosis? — Was there an autopsy?

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) R. M. Stormont, M. D.
(Address) Webb City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.