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

Do not use this space.

23814

File No. 194

Registered No.

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ... St. ... Ward)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME James Horner
(a) Residence, No. Mo Ten Mile 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 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Lizzie M Hornbuckle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 - 1870

7. AGE: Years 63 Months 10 Days 12 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Pac Ry
10. Date deceased last worked at this occupation (month and year) July 34
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnstown Pa

FATHER
13. NAME Allison Horner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Emma Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Mrs James Horner Jefferson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton DATE July 12 1934

19. UNDERTAKER (ADDRESS) Dawson - Bergman Jefferson Mo

20. FILED 7/12/1934 O B Bradford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to July 10, 1934. I last saw him alive on July 9, 1934. Death is said to have occurred on the date stated above, at 6 — m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) (a) Malignant Pancreatitis	
(b)	
(c)	
(2)	
(3)	
(4)	

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? ... 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) O B Bradford, M. D.
(Address) Jeff City Mo

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 UNFADING INK. THIS IS A PERMANENT RECORD.

AUG 1 1934