16
2
2

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.

SEP 13 1934

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

Do not use this space.

28535

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124
Township [illegible] — Primary Registration District No. 4070
City Jackson, (No. ..... St. ..... Ward)

File No. ..... Registered No. 37

2. FULL NAME Benjamin Horrell

(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: Male
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Hatcher Horrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18 1844

7. AGE: YEARS 90 — MONTHS ✓ — DAYS ✓ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer
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) many yrs ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau County Mo

FATHER
13. NAME: John Horrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs. Benjamin Horrell Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetry DATE Aug 19 1934

19. UNDERTAKER (ADDRESS): Bra Craft-Miller Jackson, Mo.

20. FILED 8-18, 1934 D. G. Suber
Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1934, to Aug 17, 1934
I last saw him alive on Aug 16, 1934. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	1933
131	
10 Wks	
131	
Other contributory causes of importance: Chr. Nephritis	1932

Name of operation ..... Date of .....
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) [signature], M. D.
(Address) Jackson Mo