

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.

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

Do not use this space.

DEC 27 1934

40358

1. PLACE OF DEATH

County Platte

Registration District No. 696

File No. _____

Township Carroll

Primary Registration District No. 5924

Registered No. 41

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Peter Gilmore Hornback

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary "Mae" Hornback

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1860

7. AGE YEARS 74 MONTHS 9 DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Platte Co. Mo.

13. NAME Peter Hornback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Charity Ritchey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT L. W. Hornback (ADDRESS) Smithville, Mo. P. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Loss Cem. Clay Co. Mo. DATE 11-11-34

19. UNDERTAKER Malcoms Mortuary (ADDRESS) Smithville, Mo.

20. FILED 11-12 1934 Mrs. Francis E. Murray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1934, to 11-9, 1934

I last saw h. e. alive on 11-9, 1934 Death is said to have occurred on the date stated above, at 7 p. m.

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

Hodgkins Disease
930
1099
12B

Other contributory causes of importance:

Myocardial degeneration
Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) _____, M. D.

(Address) Smithville, Mo.

