Floyd McDaniel

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

MAR 28 1935

Do not use this space.

6308

1. PLACE OF DEATH

County Pemiscot — Registration District No. 651 — File No.

Township Little Prairie — Primary Registration District No. 3-862 — Registered No. 29

City Nicola Mo. (No. ..... St. ..... Ward)

2. FULL NAME Marvin Hornbaker

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	2	21	

OCCUPATION

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. Farm

10. Date deceased last worked at this occupation (month and year) Nov. 1932 — 11. Total time (years) spent in this occupation 8 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

FATHER

13. NAME D.K

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) J.F.Kellems Nicola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 2-7- 1935

19. UNDERTAKER (ADDRESS) L.B.Smith Caruthersville Mo.

20. FILED Feb. 21 1935 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-1935 .19

22. I HEREBY CERTIFY, That I attended deceased from 1/25/35, 19..., to 2/6/35, 19...

I last saw him alive on 2/6/35, 19..... Death is said to have occurred on the date stated above, at 6-50 p.m.

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

Cancer of stomach — Date of onset

Other contributory causes of importance:

Name of operation none — Date of

What test confirmed diagnosis? Physical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X — Date of injury X, 19...

Where did injury occur? X (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) W. Floyd McDaniel, M. D.

(Address) Steele, 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.

78 31 31 31