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.

APR 1 9 1935

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

Do not use this space.

8079

1. PLACE OF DEATH

10 County Boone — Registration District No. 73 — File No.

3 Township ~~Columbia~~ — Primary Registration District No. 3006 — Registered No. 65

8 City Columbia (No. ..... St. ..... Ward)

2. FULL NAME William Horrell

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-1930

7. AGE: 4 YEARS, 6 MONTHS, 22 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Columbia Missouri

FATHER

13. NAME Hadley Horrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

MOTHER

15. MAIDEN NAME Christine Monroe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri

17. INFORMANT (ADDRESS) Christine Horrell Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 3-26-1935

19. UNDERTAKER (ADDRESS) Stuart P. Parker Columbia Missouri

20. FILED 3/27/1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/23/35, 19..., to 3/23/35, 19...

I last saw him alive on 3/23/35, 19... Death is said to have occurred on the date stated above, at 10 p.m.

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

Typhoid fever

Date of onset

Other contributory causes of importance:

Cellular pericourtis
Nephrosis

Name of operation none Date of

What test confirmed diagnosis? Cl + lab 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 ....., 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) H R Boffman, M. D.

(Address) 11 W S 8th St.