WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

APR 25 1935

Do not use this space.

10253

1. PLACE OF DEATH
County: Randolph — Registration District No.: 7 35
Township: — Primary Registration District No.: 3034
City: Moberly (No. 521 McKinley St. 2nd Ward)

File No.:
Registered No.: 32

2. FULL NAME: James Buchanan Ornburn

(a) Residence, No. 521 McKinley St., 2nd 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 (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Ida M. Ornburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 14th 1856

7. AGE: Years 78 | Months 3 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Mo

FATHER
13. NAME: Jack Ornburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Emily Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Mrs Ida M. Ornburn
(ADDRESS): Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly Mo DATE: 3-6 1935

19. UNDERTAKER: Mahan 2nd Son
(ADDRESS): Moberly, Mo

20. FILED: 3/6, 1935 Virginia Walker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1935, to Mch. 4, 1935
I last saw him alive on Mch. 4, 1935. Death is said to have occurred on the date stated above, at 10 am.
The principal cause of death and related causes of importance were as follows:

Pneumonia, Bronchial following Flu. — Date of onset about 2/10/35

Other contributory causes of importance: Myocarditis. — Date of onset ?

Name of operation: None — Date of:
What test confirmed diagnosis? Clinical — 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) L. E. Huber, M. D.
(Address) Moberly, Mo.