

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

Do not use this space.

32162

NOV 7 1935

1. PLACE OF DEATH

County Pedar Registration District No. 165
Township Washington Primary Registration District No. 5234
City (No.) St. Ward

File No. Oct 30 1935
Registered No. 126

2. FULL NAME

Samuel Pirston Hornbeck
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18-1885

7. AGE YEARS 76 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

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

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) Pedar Co. Mo.

13. NAME Sam Hornbeck

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

15. MAIDEN NAME Jillie

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

17. INFORMANT (ADDRESS) Mrs Vernon Dean Station, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Old Union DATE 10/20/35

19. UNDERTAKER (ADDRESS) W. C. Davis & Co. Station, Mo.

20. FILED Oct 30 1935 R. A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to Oct 18 1935

I last saw him alive on Oct 18 1935 Death is said to have occurred on the date stated above, at 8 a. m.

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

chronic nephritis Date of onset

Other contributory causes of importance: MI

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) H. J. Small M. D. (Address) Station, 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.

