NOV 21 1935

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

Do not use this space.

32454

1. PLACE OF DEATH

County Greene — Registration District No. 918 — File No.

Township Campbell — Primary Registration District No. 5440 — Registered No. 499

City Springfield (No. ..., ... St. ..... Ward)

2. FULL NAME HORNBAKER, William B.

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

Length of residence in city or town where death occurred yrs. 6 mos. 1 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40	9	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vern City, Ind.

FATHER

13. NAME William Henry Hornbaker

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

MOTHER

15. MAIDEN NAME Lena Carrico

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

17. INFORMANT (ADDRESS) deceased

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evansville, Ind. DATE Oct. 5, 1935, 19

19. UNDERTAKER Alma Lohmeyer Funeral Home
(ADDRESS) Springfield, Missouri

20. FILED 10-5, 1935 R. W. Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1935, to October 4, 1935
I last saw him alive on October 4, 1935. Death is said to have occurred on the date stated above, at 3:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis, valvular disease;	
Mitral Stenosis	
Mitral Insufficiency	
Aortic Stenosis	
Aortic Insufficiency	

Other contributory causes of importance:
Myocardial degeneration

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....

(Signed) L. E. Burney, Passed Asst. Surgeon M. D.
(Address) U. S. Hosp. for Def. Del.
Springfield, Missouri

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.

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

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