

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

Do not use this space.

27498

1. PLACE OF DEATH

County Oregon
Township _____
City Thayer (No. _____)

Registration District No. 632
Primary Registration District No. 4382

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marjura E. Hornsby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 28 - 1859</u>		
7. AGE	YEARS	MONTHS
<u>77</u>	<u>1</u>	<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mechanic</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Atlanta Ga.</u>		
13. NAME <u>Hall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Coy Hall</u> (ADDRESS) <u>Memphis Tenn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thayer Mo</u> DATE <u>7/11 - 36</u>		
19. UNDERTAKER <u>Geo Carr Thayer Mo</u> (ADDRESS)		
20. FILED <u>7-12</u> 19 <u>36</u> <u>George Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-36

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936 to July 11, 1936

I last saw him alive on July 10, 1936 Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Date of onset July 1-36

Other contributory causes of importance:
Heart

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) J. H. Parry M. D.
(Address) Thayer Mo

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.

