OCT 1 1936

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

Do not use this space.

33450

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township Washington — Primary Registration District No. 6162 — Registered No. 245
City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Hornbeck, Amanda
(a) Residence, No. State Hospital No 3, Nevada Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. P. Hornbeck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1864
7. AGE YEARS 72 MONTHS 1 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Illinois

FATHER
13. NAME James Pittman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Lou Mulkela
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Alla Lean Stockton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton Mo DATE 8-20, 1936
19. UNDERTAKER (ADDRESS) Davis Und Co Stockton
20. FILED Aug 20, 1936 M Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1935, to Aug 18, 1936
I last saw her alive on Aug 18, 1936 Death is said to have occurred on the date stated above, at 9 o/p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
77	
Other contributory causes of importance: Heat Exhaustion	8-18-36

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? No 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 None
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Roy W Pearse Jr M. D.
(Address) State Hosp No 3, Nevada 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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