

DEC 29 1935

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

Do not use this space.

42036

1. PLACE OF DEATH

County Nodaway
Township Grant
City (No. , St. , Ward)

Registration District No. 617
Primary Registration District No. 5819

File No. _____
Registered No. 19

2. FULL NAME

Lula Lorena Hornbuckle.

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 7 0

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) Barnard Mo.

13. NAME John Bare,

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

15. MAIDEN NAME Margaret Doforth

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

17. INFORMANT (ADDRESS) James K. Hornbuckle
Barnard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnard Mo. DATE Nov. 17, 1935

19. UNDERTAKER (ADDRESS) Price Funeral Home
Marionville Mo.

20. FILED 11/19/35 Chas. D. Hornbuckle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 9:45 A.M.

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

Coroners jury verdict Date of onset _____

"Death from natural causes"

Other contributory causes of importance:

manic depressive psychosis.

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes.

23. If death was due to external cause (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? Yes.

If so, specify _____

(Signed) Jac. Rowlett Corbett, M. D.

(Address) Marionville Mo. Nod. Co.

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.

