

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.

DEC 8 1936

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

Do not use this space.

42148

1. PLACE OF DEATH

County Pettis
Township Smithton
City Smithton (No. 1)

Registration District No. 669
Primary Registration District No. 3899

File No. 9
Registered No. 9
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 1 St. 1 Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS 88 MONTHS 9 DAYS 24 If LESS than 1 day, hrs. or min.

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

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) Morgan Co
(STATE OR COUNTRY) Missouri

13. NAME Geo Horner

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

15. MAIDEN NAME Sally Bohon

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

17. INFORMANT Chas Horner
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton DATE Nov-5 1936

19. UNDERTAKER G. F. Neumeier
(ADDRESS) Smithton Mo

20. FILED Nov 5 1936 Mrs J E Monsees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4/36 1936

I HEREBY CERTIFY, That I attended deceased from 8-3 36 to 11/4/36 1936

I last saw me alive on 11-1-36 1936 Death is said to have occurred on the date stated above, at 7:30 a m.

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

Chron. Int. Nephritis
Date of onset

Other contributory causes of importance:

Name of operation Prostatectomy Date of Nov
What test confirmed the diagnosis? Prostatectomy 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 No 1936

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No

(Signed) E. H. Hottel M. D.
(Address) Smithton Mo.

