

JAN 19 1937

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

Do not use this space.

44691

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 4106 College)

File No. 5269  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Eugene G. Hornbrooke

(a) Residence, No. 4106 College St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 22, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Ohio

13. NAME Edwin Hornbrooke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Eliza Trimble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Josephine Hornbrook  
(ADDRESS) 4106 College, Kansas City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Dec 7 1936  
Calvary Cemetery

19. UNDERTAKER Stine & McClure  
(ADDRESS) 3235 Gillham Plaza

20. FILED Dec 3 1936 m. m. brown  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1936

22. I HEREBY CERTIFY That I attended deceased from October 28, 1936 to December 4, 1936  
I last saw him alive on December 4, 10 PM, 1936. Death is said to have occurred on the date stated above, at A. 3:40

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

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage  
Solar Pneumonia

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis Physic Was there an autopsy? No

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) Edward C. Taub, M. D.

(Address) 712 Argyle Bg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Argyria 1842  
J. V. 5050 f