

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

Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH

County Cooper
Township Prairie Home
City (No. _____) _____

Registration District No. 224

Primary Registration District No. 41778
53878

File No. 25169

Registered No. 4
St. _____ Ward _____

2. FULL NAME

John Price Hornbeck 651
(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 <u>male</u>	4. COLOR OR RACE <u>white</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>Celesta Hornbeck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 23 - 1863</u>		
7. AGE	YEARS <u>75 +</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Retired</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-38

22. I HEREBY CERTIFY, That I attended deceased from 7-26-38 to 7-26-38
I last saw him alive on 7-24-38 1938 Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:
Arterial
Arteriosclerosis
Hypertension
Date of onset 7/2/38

Other contributory causes of importance: None

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	<u>0</u>
	13. NAME <u>Andrew Hornbeck</u>	<u>9</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	<u>0</u>
	15. MAIDEN NAME <u>Betty Wood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT (ADDRESS) <u>Mrs John Hornbeck</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prudence Cem</u> DATE <u>7-27-38</u>		
19. UNDERTAKER (ADDRESS) <u>Albert Hornbeck</u> <u>Prairie Home</u>		
20. FILED <u>7-26-38</u> <u>W. M. Meredith</u> Registrar		

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) A. Meredith M. D.
(Address) Prairie Home

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.

