

DEC'D SEP 27 1938

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**

Township..... Primary Registration District No. **1008** File No. **27664**

City **St. Louis** (No. **1**) **Francis B. Harkness** (Ward) **620** **7678**

2. FULL NAME

**Hardy Horsley**

(a) Residence, No. **3524 Lawton** St., **21** Ward.

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bonny Horsley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 21, 1908**

7. AGE YEARS **30** MONTHS **2** DAYS **7** IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Porter** 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **1**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ala** **1**

MOTHER 13. NAME **John Horsley** **1**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**

15. MAIDEN NAME **Rachel Barganell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ala**

17. INFORMANT (ADDRESS) **Rachel Overus** **2711 Clark Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **2, 30, '38**

19. UNDERTAKER (ADDRESS) **Adkins Bros and Co** **3644 Franklin Ave**

20. FILED **116 30 1938** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/28/38**

2. 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 **9:00 A.M.**

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

**Apply weather due to**  
**strapping**  
**Latin-American case**  
Other contributory causes of importance:  
**could not be ascertained**

Name of operation **183** Date of **9/10**  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? **Violence** Date of injury **unk** 19.....

Where did injury occur? **unk** (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public place**  
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? If so, specify: **No**  
(Signed) **Joseph M. DeLeon** M.D.  
(Address) **Deputy Crown**

WRITE PLAINLY, WITH OUT-AGING 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.

1 X314

No Embalming Crown  
Case