

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

Do not use this space.

1. PLACE OF DEATH

County Ruchanan
Towship.....
City St. Joseph, (No. Missouri Methodist Hospital #3)

Registration District No. 85
Primary Registration District No. 1001

File No. 7925
Registered No. 271
Ward.....

2. FULL NAME Andrew Lloyd Horsman

(a) Residence No. St. Ward. Clarksdale, Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Sarah Jane Horsman,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9th. 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
79	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer, 181
(b) General nature of industry, business, or establishment in which employed (or employer) 1946
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sock County,
(STATE OR COUNTRY) Wisconsin,

PARENTS

10. NAME OF FATHER Robert Horsman,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England,
12. MAIDEN NAME OF MOTHER Alice Lloyd,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England,

14. INFORMANT Wm. H. Horsman
(Address) Clarksdale, Mo.

15. REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29, 1928
17. I HEREBY CERTIFY, That I viewed deceased from body
....., 19....., to 19.....
that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 12:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Traumatism, Burns from fire extending from just above west line to center, accidentally, clothes caught fire when burning trash on barn.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 199
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? view of body
(Signed) Wm. Mays Coroner, M. D.
3/24, 1928 (Address) St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksdale, Mo. via auto **DATE OF BURIAL** March. 25 19 28

20. UNDERTAKER Horton B. Gole & Bowen, 319 S. 10 St.
by J. H. Harts Funeral Home

K. 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. 1928

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