

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.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City St. Joseph, (No. Missouri Methodist Hospital, St. _____ Ward)

File No. 335
 Registered No. 89

2. FULL NAME Emmett J. Horsman

(a) Residence, No. _____ St. _____ Ward. Amity, Missouri,
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 21 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>Della L. Horsman,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb'y. 5, 1891</u>				
7. AGE	YEARS <u>41</u>	MONTHS <u>11</u>	DAYS <u>12</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer,</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Jan'y. 1893</u>		11. Total time (years) spent in this occupation. <u>20</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan'y. 17, 1933 to Dec' 27, 1932
 (If nonresident, give city or town and State)
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 pm.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia
Gunshot Wound (Homicidal)
173 1110
 Other contributory causes of importance:
duodenal holes in intestines

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew County, Missouri,</u>
	13. NAME <u>Andrew Horsman,</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Wisconsin,</u>
	15. MAIDEN NAME <u>Sarah Silvers,</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DeKalb County, Missouri,</u>	

Name of operation Intestines cultured Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

17. INFORMANT (ADDRESS) Mrs. Emmelle J. Horsman, Amity, Missouri,
 18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale, Mo. DATE Jan. 19, 1933

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide Date of injury _____, 19____
 Where did injury occur? DeKalb, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Gunshot Wound
 Nature of injury Faunty quarrel

19. UNDERTAKER (ADDRESS) Heaton-Bellale-Bauman, 319 So. 10th. St. Juntura, Ore.
 20. FILED 178-33 19____ John Bender, Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Tomah Thomas Coroner M.D.
 (Address) 80 1/2 Park

SO. J. P. 10. 10.

STIMMRECHTER 10. 10. 10.

AMT 10. 10. 10.

MIROSKY

LEKSTO SCHLITZ

WILKINSON

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