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

Do not use this space.

40537-B

1. PLACE OF DEATH

County Stoddard — Registration District No. 834 — File No.

Township Liberty — Primary Registration District No. 4 811 — Registered No.

City Dexter (No. ..... St. ..... Ward)

2. FULL NAME Joshiah Lee Horn

(a) Residence. No. Dexter, Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Viola Horn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	11	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work M. D.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Farmington
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joel Horn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Can't Say

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT Mrs. Viola Horn
(Address) Dexter, Mo.

15. FILED ....., 19.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1926, to Dec 29, 1926 that I last saw him alive on Dec 29, 1926, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) 108

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) O. L. Bennett, M. D.

, 19 (Address) 401 Baum Bldg Dexter 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	DATE OF BURIAL
Williamsville Mo	1/2 1927
20. UNDERTAKER	**ADDRESS**
C O Biggs	Dexter

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Stoddard — Registration District No.: 838 — File No.:

Township: Liberty — Primary Registration District No.: 4509 — Registered No.: 41

City: Dexter (No. ..... St. ..... Ward)

2. FULL NAME Joshiah Lee Horn

(a) Residence. No. ..... Dexter Mo. 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: 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~~: Mrs. Viola Horn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 25, 1863

7. AGE: Years 63 — Months 11 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo.

PARENTS
10. NAME OF FATHER: Joel Horn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Cook Gay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): .....

14. INFORMANT: Mrs. Viola Horn
(Address) Dexter Mo.

15. FILED 12/3, 1921 Frank LaRue, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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Lobar Pneumonia
108 (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) C. L. Bennett, M. D.
, 19 (Address) 401 Bunn Bl. Danville Ill

*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: Williamsville Mo. — DATE OF BURIAL: 1/2 1927

20. UNDERTAKER: C. O. Biggs — ADDRESS: Dexter Mo.

SUPPLEMENTARY

S-4037B