

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

Do not use this space.

3385

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. City Hospital #2)

File No.
Registered No. 1014 St. Ward)

2. FULL NAME

(a) Residence. No. 3416 Pine St., 21 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 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 Col. | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cleo Horn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 | 9 | 6 | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) East St. Louis Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry James Horn

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

12. MAIDEN NAME OF MOTHER Mary Jane Shaw

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

14. INFORMANT Ursula F. Woodard
(Address) City Hospital #2

15. FILED NOV 28 1928 1018 road 6 Starke of
19..... REGISTRY

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1928, to Jan. 24, 1928 that I last saw him alive on Jan. 24, 1928, and that death occurred, on the date stated above, at 3:20 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Diffuse Peritonitis
121A
129 (duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) Acute Perforating Appendicitis (duration) 1 week

18. WHERE WAS DISEASE CONTRACTED 11713
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-23-1928

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS? Clotted
(Signed) J. H. Thomas, M.D.
1/24/1928 (Address) City Hospital #2

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL E. St. Louis Ill. DATE OF BURIAL 1/30 1928

20. UNDERTAKER R. M. C. Green ADDRESS 3517 Fudge

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.

