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.

JAN 30 1928

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

Do not use this space.

16015

1. PLACE OF DEATH
County Atchinson — Registration District No. 22 — File No.
Township Lincoln — Primary Registration District No. ~~4016~~ 5031 — Registered No. 7
City (No. St. Ward)

2. FULL NAME Thomas Wellington Horner
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 47 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): Wodowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 18, 1928

7. AGE: Years 80 — Months 3. — Days 15 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ~~Laborer~~ News Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer St. Gazette

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Illinois~~ Illinois

PARENTS
10. NAME OF FATHER Wm. B. Horner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not ~~Known~~ Known
12. MAIDEN NAME OF MOTHER SuSan Kidwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Miss Minnie Horner
(Address) Westboro, Missouri.

15. FILED May 3, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1928, to May 3, 1928, that I last saw him alive on May 3, 1928, and that death occurred, on the date stated above, at 2 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flu
11 B
16 Y
11B
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Weakness from age
(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?
(Signed) [signature], M. D
May 3, 1928 (Address) Westboro, 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: Center Grove Cemetery
DATE OF BURIAL: May, 5 1928

20. UNDERTAKER: Scott Tucker
ADDRESS: Westboro Missouri