

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

Do not use this space.

1854

1. PLACE OF DEATH

County Jackson
Township 1st
City K. C. Mo

Registration District No. 399
Primary Registration District No. 1002

File No. 447
Registered No. 447
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 510 Potter St. _____ Ward _____
(Usual place of abode)
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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14-29
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) K. C.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Earl J. Horney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Marie Nichols
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) _____

14. INFORMANT Earl Horney
(Address) 510 Potter

15. FILED 1-29-29 M. M. Crow Asst REGISTRAR

23 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 to Jan 28, 1929, that I last saw him alive on Jan 25, 1929, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

1610
92 Pulmonary thrombosis
(duration) yrs. mos. ds. 10

CONTRIBUTORY (SECONDARY) Probably premature
(duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED 1610
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) E. W. Martin M. D.
1/29, 1929 (Address) 1800 Wash. St. Blvd.

*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 Highland Park DATE OF BURIAL Jan 29 1929
20. UNDERTAKER Rose & Henderson ADDRESS 15th Jackson

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.

