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.

Do not use this space.

1933

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

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 556

Township Kaw Primary Registration District No. 1002 Registered No. 556

City Kansas City (No. 37th Garfield St. ..... Ward)

2. FULL NAME Joseph D Horr

(a) Residence. No. 502 East 15 St., 1 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 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): Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tillie Horr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): unknown

7. AGE: YEARS 75 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): Troy
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Jessie James Horr
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Massachusetts
12. MAIDEN NAME OF MOTHER: Clara Counts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Cyrus W Horr
(Address): Lawrence Kansas

15. FILED 2-4 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 31 1929

17. Deputy Coroner

I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

that I last saw h.... alive on ....., 19...., and that death occurred, on the date stated above, at .....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental automobile traumatism K C Mo 210M

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

CONTRIBUTORY (SECONDARY): Ran down by car 188C

(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? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley M Hall, M. D

1/31, 1929 (Address) Deputy Coroner

*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: Maple Hill
DATE OF BURIAL: 2-4-1929

20. UNDERTAKER: J. P. Louis
ADDRESS: Kans City Mo

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