

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

Do not use this space.

**33004**

390

2005

1. PLACE OF DEATH **JACKSON**  
 County..... Registration District No..... File No.....  
 Township **Kaw** Primary Registration District No..... Registered No. **4284**  
 City **Kansas City** (No. **St Marys Hospital** St. **4284** Ward)

2. FULL NAME **Courtney Arthur Horine**  
 (a) Residence. No. **4635 Madison** St. **7** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Minnie O. Horine</b>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Oct. 18, 1865</b>				
7. AGE	YEARS <b>64</b>	MONTHS <b>11</b>	DAYS <b>29</b>	IF LESS than 1 day, .....hrs. or .....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <b>Clerk</b> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer <b>Gillispie-Jones Commission Co.</b>				
9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <b>Iowa</b>				
PARENTS	10. NAME OF FATHER <b>F. M. Horine</b>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <b>Ky</b>			
	12. MAIDEN NAME OF MOTHER <b>Ellen Sealey</b>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <b>England</b>			
14.	INFORMANT <b>Mrs. Minnie O. Horine</b> (Address) <b>4635 Madison</b>			
15.	FILED <b>10/19, 1930</b> <b>M. M. Crane</b> REGISTRAR <b>asst</b>			

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <b>Oct 17 1930</b>	
17. I HEREBY CERTIFY, That I attended deceased from <b>Oct 11</b> , 1930, to <b>Oct 17</b> , 1930, that I last saw him alive on <b>Oct 17</b> , 1930, and that death occurred, on the date stated above, at <b>11:40</b> <b>9</b> m.	
THE CAUSE OF DEATH* WAS AS FOLLOWS: <b>Bronchial Pneumonia</b> <b>92 R</b> <b>107 R</b> ..... (duration) ..... yrs. mos. ds.	
CONTRIBUTORY (SECONDARY) <b>Artic. Valvular Heart Disease</b> ..... (duration) <b>same</b> yrs. mos. ds.	
18. WHERE WAS DISEASE CONTRACTED IF NOT A PLACE OF DEATH <b>St Marys Hosp K.C. Mo</b> DID AN OPERATION PRECEDE DEATH? <b>NO</b> . DATE OF..... WAS THERE AN AUTOPSY? <b>Yes</b> WHAT TEST CONFIRMED DIAGNOSIS? <b>Culture &amp; Autopsy</b> (Signed) <b>J. H. Curtis</b> , M. D. <b>Oct 18 1930</b> (Address) <b>1034 Ralte K.C. Mo</b>	
*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 <b>Forest Hill</b>	DATE OF BURIAL <b>10-20-30 19</b>
20. UNDERTAKER <b>R. V. Lindsey &amp; Sons, Inc.</b>	ADDRESS <b>City</b>

