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

Do not use this space.

16242

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4729

City St. Louis Mo. (No. City Sanitarium St. ..... Ward)

2. FULL NAME William Horan

(a) Residence. No. 3940 Miami St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. + ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	7	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Common Laborer

(c) Name of employer " 237

9. BIRTHPLACE (CITY OR TOWN) Ashland
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) " 15
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " 1
(STATE OR COUNTRY) Missouri

14. INFORMANT Bernard T. Koon
(Address) 5300 Arsenal St.

15. FILED APR 20 1931, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1931

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to April 19, 1931 that I last saw him alive on April 19, 1931, and that death occurred, on the date stated above, at 3:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1077 Broncho-Pneumonia

1077

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) — yrs. — mos. 14 ds. +

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Bernard T. Koon, M. D.

4/19, 1931 (Address) 5300 Arsenal St

*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	DATE OF BURIAL
Moberly Mo.	4/22 1931
20. UNDERTAKER	ADDRESS
Mahan & Son	Moberly Mo.

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.

WHITE PEARLEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD