

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

Do not use this space.

17861

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Ind R R No 6

Registration District No. 398  
Primary Registration District No. 6554  
(No. Ind R R No 6)

File No. \_\_\_\_\_  
Registered No. 177  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. Ind R R No 6 23rd + Maple 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 M 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Francis Van Horn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 - 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 5 22

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dowia

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Mary Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Mrs Frances Van Horn Ind R R No 6

15. FILED 5-6-31 1931 JH Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 4:10 1931 to 5:4 1931 that I last saw h. alive on 5-4-31, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocarditis chr  
family  
98%  
1931 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) myocarditis chr  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? (IF NOT AT PLACE OF DEATH) 98% D

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? was  
(Signed) George R. Paul M. D.  
5-6-31 (Address) 11037 Union Indep Ave

\*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 Ind Washington DATE OF BURIAL May 9 1931

20. UNDERTAKER Rose + Henderson ADDRESS K. City 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.

MAY 29 1931

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UNFADING INK—THIS IS A PERMANENT RECORD

July 24 1958

11387 W. ...  
10701 ...

NOTES

WITH ...  
Every item ...



S-17861