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

Do not use this space.

24425

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. St Francis Hospital St. Ward)

File No.
Registered No. 737

2. FULL NAME Carl Horn
(a) Residence. No. St., Ward. Parma, Mo
(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.

AUG 25 1931

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 Anna Horn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1906-3-25

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
25	3	19	

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

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

PARENTS
10. NAME OF FATHER Low Horn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Bill Horn
(Address) Parma Mo

15. FILED 7/14, 1931 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/14 1931

17. I HEREBY CERTIFY, That I attended deceased from 7/13, 1931, to 7/14, 1931 that I last saw him alive on 7-13, 1931, and that death occurred, on the date stated above, at 6:00 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis (Ac General)
121.3
120 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Appendicitis Ac
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH New Madrid Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A Guerth M. D.
, 19 (Address) Cape Girardeau

*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
Malden Cemetery	July 15 1931
20. UNDERTAKER	ADDRESS
Wm Craig	Malden

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V.S.NO.2