

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

Do not use this space.

**36030**

**1. PLACE OF DEATH**

County..... Registration District No. *11*  
Township..... Primary Registration District No. *0023*  
City *St. Louis* (No. *1556 California Ave*) St. *23* Ward *23*  
Registered No. *10551*

**2. FULL NAME**

*James Horan*  
(a) Residence, No. *1556 California* St. *23* Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 25<sup>th</sup> 1846</i>		
7. AGE	YEARS <i>85</i>	MONTHS <i>3</i>
	DAYS <i>21</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Mail Carrier</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <i>54 1/2</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Belleveille, Canada</i>		
FATHER	13. NAME <i>Martin Horan</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
MOTHER	15. MAIDEN NAME <i>Rosanna Fay</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jutica, New York</i>	
17. INFORMANT (ADDRESS) <i>Mary B. Henry, 1556 California Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sabary</i> DATE <i>10-17-31</i>		
19. UNDERTAKER (ADDRESS) <i>Wagoner Undert Co, 3621 Olive St.</i>		
20. FILED <i>31 17 31</i> 19 <i>May C Starkloff</i> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-16-31*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 12*, 19*31*, to *Oct 16*, 19*31*.

I last saw him alive on *Oct 15*, 19*31*. Death is said to have occurred on the date stated above, at *10:52 p.m.*

The principal cause of death and related causes of importance were as follows:  
*Chronic Indurated neph. with Bronchopneumonia*

Other contributory causes of importance:  
*fracture of hip at work fallen to floor at Residence*

Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury *Oct 7, 1931*  
Where did injury occur? *at home at 3121 Olive St.* (Specify city or town, county, and State) *No.*  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *fracture of hip*  
Nature of injury *fracture of hip*

24. Was disease or injury in any way related to occupation of deceased? *No.*  
If so, specify *fracture of hip*  
(Signed) *James S. Stark*, M. D.  
(Address) *3621 Olive*

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.

MARGIN RESERVED FOR BINDING

V. 3, NO. 2.

Dr Hunt  
P.O. 3868 W.