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

Do not use this space.
15795

1. PLACE OF DEATH
County Franklin
Township Union
City Washington R.F.D. #3 (No. ..... St. ..... Ward)
Registration District No. 296
Primary Registration District No. 5413
File No. .....
Registered No. .....

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2. FULL NAME Frederick Wm Horn

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 23 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR ~~WIFE OF~~) Melvina Horn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	8	5	

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) Bracken, (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Hendrick Wm Horn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna Marie Hilbrunner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dewert (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Hy altholz
(Address) .....

15. FILED May 23, 1932 E. A. Steinberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19, 1932

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1932 to May 19, 1932 that I last saw him alive on May 19, 1932 and that death occurred, on the date stated above, at 5:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Age
(duration) 1 yrs. 9 mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Place of death
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) J. D. Maupin, M. D.
, 19 (Address) Washington Mo

*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 St. John Cemetery Washington Mo R.F.D. | DATE OF BURIAL 19

20. UNDERTAKER Brokaw & Britt J. Jan & Brit. | ADDRESS Washington 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.

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