

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

Do not use this space.

1. PLACE OF DEATH

74 County Nodaway
Township White Cloud
City..... (No.....)

Registration District No. 617
Primary Registration District No. 5818

File No. 26888
Registered No. 17
St..... Ward.....

2. FULL NAME

Bonnie Louise 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 yrs. 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)

F. White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 - 1931

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

B. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(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) Mo

10. NAME OF FATHER L. B. Horn

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

12. MAIDEN NAME OF MOTHER Lorene Simmons

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

14. INFORMANT Mrs L B Horn (Address) Maryville Mo

15. FILED 8/31, 19 32 Chas. Humbert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 8-30 19 32

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932, to Aug 30, 1932 that I last saw her alive on Aug 30, 1932, and that death occurred, on the date stated above, at 11 - - A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute cardiac dilatation
95 B 95 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) heart failure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 1

DID AN OPERATION PRECEDE DEATH? No DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED Autopsy
(Signed) [Signature], M. D.

8/30, 19 32 (Address) Maryville Mo

*State the DISEASE CAUSING DEATH, or 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

Ravewood, Mo. 8/31 19 32

20. UNDERTAKER ADDRESS

Campbell Funeral Home Maryville 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.

SEP 24 1932

1871

1872

1873

1874

1875