

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

Do not use this space.

37285

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 5959^a Coronado) St. Ward)

File No.
Registered No. 9913

2. FULL NAME

(a) Residence, No. 5959^a Coronado St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olivia P. Horne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. School teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fussellville 7
Kentucky

MOTHER FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 318

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Edwin Horne
(ADDRESS) 5959^a Coronado

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithfield Ky. DATE Nov 9 1932

19. UNDERTAKER Lea L. Kilsch Inc.
(ADDRESS) 5946 Eastern Ave.

20. FILED NOV - 9 1932 Max C. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1931, to Nov 8, 1932

I last saw h. him alive on Nov 8, 1932. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute nephritis
Senility

Date of onset 10-5-32

Other contributory causes of importance:

Senility

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 19.....
Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. Bosserman, M. D.

(Address) 1493 Hodiamont

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.

1912