

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

Do not use this space.

39734

1. PLACE OF DEATH

County Jackson

Registration District No. 300

File No. 4740

Township Law

Primary Registration District No. 1000

Registered No. 4740

City Kansas City (No. 1000)

St. Gen. Hosp Ward

2. FULL NAME

Howard Horn

(a) Residence, No. 5811 E 10th St. 1 Ward.

Length of residence in city or town where death occurred yrs. 4 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

13. NAME Howard Horn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Alma Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) The W. A. Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, MO DATE 12-14-37

19. UNDERTAKER (ADDRESS) Funk & John Co.

20. FILED 12-14-37 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-11-1937 to 12-13-1937, 1937

I last saw him alive on 12-13-1937. Death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:

Septicemia following infection of right leg abscesses below left knee
Other contributory causes of importance: 1526 360

Date of onset

Name of operation none Date of no
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, 1937
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 no
(Signed) J. J. Bennett, M. D.
(Address) Richmond, 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.

