

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

Do not use this space.

1. PLACE OF DEATH

County: _____ Registration District No. 791
 Township: _____ Primary Registration District No. 100133
 City: St Louis (No. En route City Hospital #2 St. _____ Ward) 12182
 Registered No. 11309

2. FULL NAME

(a) Residence, No. 18 S. Channing Ave. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <u>C. W. Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1872</u>		
7. AGE <u>60</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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. <u>23</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Small Bluff Arkansas</u>		
FATHER	13. NAME <u>Samuel Horn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Ida Paskell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
17. INFORMANT (ADDRESS) <u>H. J. Horn 314 25 Landon Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Douglas</u> DATE <u>12/21/32</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>P. M. C. Green 3517 Laclede Ave</u>		
20. FILED <u>DEC 20 1932</u> <u>Ray C. Harsh</u> Registrar		

PHYSICIAN'S CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:40 a.m. The principal cause of death and related causes of importance were as follows: Chronic Myocarditis Date of onset 9/30

Other contributory causes of importance: None

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) [Signature] M. D. _____ (Address) [Signature]

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.

WHILE LIVING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

