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

Do not use this space.

19549

File No. .....

Registered No. 10

1. PLACE OF DEATH

County: Holt

Township: ~~Jackson~~

City: Craig (No. ....., ..., St. ....., Ward)

Registration District No. 369

Primary Registration District No. 4215

2. FULL NAME: Peter Smith 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 38 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*)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. ~~June~~ - 26 - 1846

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
86	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer - Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Various Kinds

10. Date deceased last worked at this occupation (month and year): June 30 - 1933

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clearfield Co Pa

FATHER

13. NAME: Elias H. Horn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

MOTHER

15. MAIDEN NAME: Nancy Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): Jno W. Horn

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Soo F. Craig DATE: June 28, 1933

19. UNDERTAKER (ADDRESS): Schopley Bros Fairfax Mo

20. FILED 6/28, 1933 J. M. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 27, 1933

I last saw him alive on June 27, 1933. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Angina Pectoris	6/27/33
DiA	
Dy	
Other contributory causes of importance: Arteriosclerosis	1930

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Clinical 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? No
If so, specify .....

(Signed) J. C. Thomas, M. D.
(Address) Craig 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

JUL 22 1933