

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

Do not use this space.

22806

1. PLACE OF DEATH
 36 County Franklin Registration District No. 297
 8 Township Washington Primary Registration District No. 3016
 7 City Washington (No., St. Ward)

File No.
 Registered No. 44

2. FULL NAME Lena Horn
 (a) Residence, No. South Jefferson Street, Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Horn Deceased
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16th-1855
 7. AGE YEARS 78 MONTHS 2 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Germany
 (STATE OR COUNTRY)

FATHER 13. NAME Herman Rosenkoetter

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

MOTHER 15. MAIDEN NAME ?

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

17. INFORMANT Julius Horn
 (ADDRESS) Washington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns Cemetery DATE July 15th,

19. UNDERTAKER Otto & Co Geo H Otto
 (ADDRESS) Washington Mo

20. FILED July 14 1933 P. T. Macmahon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1933

22. I HEREBY CERTIFY, that I attended deceased from July 11 1933 to July 13 1933
 I last saw her alive on July 13 1933 Death is said to have occurred on the date stated above, at 10:30 pm

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

Apoplexy Date of onset 1933

Other contributory causes of importance

Don't know

Name of operation no Date of no

What test confirmed diagnosis? no 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. A. Manjura M. D.

(Address) Washington 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

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THE COURT HAS
ORDERED THAT
THE DEED BE
RECORDED