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.

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

Do not use this space.

24224

File No. .....

Registered No. 77

1. PLACE OF DEATH

County St Francois

Township

City Near Farmington (No. ..... St. ..... Ward)

Registration District No. 773

Primary Registration District No. 6018A

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2. FULL NAME (Ronald) Paul Horn

(a) Residence, No. RONALD St., ... 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 23-1933.

7. AGE: YEARS | MONTHS | DAYS: 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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): St Francois Co. Mo

FATHER

13. NAME: Earl Horn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Genevieve

MOTHER

15. MAIDEN NAME: Naona Freeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co.

17. INFORMANT (ADDRESS): Earl Horn Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Chestnut Ridge DATE: July 10, 1933

19. UNDERTAKER (ADDRESS): Farmington Mo Farmington Mo

20. FILED 7-10-, 1933 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9, 1933

22. HEREBY CERTIFY, That I attended deceased from June 23, 1933, to July 9, 1933

I last saw him alive on July 4, 1933. Death is said to have occurred on the date stated above, at 1:55 P.m.

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

Pemphigus

153B

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Date of onset

Other contributory causes of importance:

Name of operation: Chisel Date of

What test confirmed diagnosis? — Was there an autopsy?

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) R. Appleberry, M. D.

(Address) Farmington Mo