

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

Do not use this space.

1934  
27  
6  
24

1934

**PLACE OF DEATH**

County Lafayette  
Township Lexington  
City Lexington (No. ....)

Registration District No. 461  
Primary Registration District No. 3024

File No. ....  
Registered No. ....  
St. .... Ward)

**FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 9 11

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

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) Lexington MO

13. NAME James Horn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

15. MAIDEN NAME Mrs Neal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Ky

17. INFORMANT (ADDRESS) Mrs Robert W. Horn et al

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo DATE Jan 5 1934

19. UNDERTAKER (ADDRESS) Trust Trust

20. FILED Jan 3 1934 Ray B. Bates Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1934

I HEREBY CERTIFY that I attended deceased from Jan 2 1934 to Jan 3 1934

last saw him alive on Jan 3 1934 Death is said

to have occurred on the date stated above, at 9:30 A.M.

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

myocarditis

Date of onset

Other contributory causes of importance:

Name of operation 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? no

If so, specify

(Signed) A. J. Chalkley M. D.

(Address) Jefferson

