

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

Do not use this space.

23533

1. PLACE OF DEATH

County Callaway
Township 1
City Jefferson (No. 1)

Registration District No. 213
Primary Registration District No. 5152 B

File No. 23533
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Charles Edward Horn
(a) Residence. No. Tramier 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/24th 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(last) WIFE OF Born in 1917 data
Mar 17-1917

17. I HEREBY CERTIFY, That I attended deceased from _____
body as coroner, to _____, 1934
That I last saw h. _____ alive on _____, 19____ and that
death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) no birth record

THE CAUSE OF DEATH* WAS AS FOLLOWS:
traumatic accident
1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. ____ min.
18 | 3 | 7

CONTRIBUTORY (SECONDARY) was in swimming
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Lester W Horn

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Ch. Christian, M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Maudy William

(Address) Fulton, Mo.
*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) _____

14. MARRIAGE born same
(Address) same

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New City **DATE OF BURIAL** July 26 1934

15. FILED 7/30 1934 Dr. [unclear]

REGISTRAR Lawson [unclear] **ADDRESS** J.C.M.

EXACT

206d

71.171

The Prudential

INSURANCE COMPANY OF AMERICA

EDWARD D. DUFFIELD, PRESIDENT

HOME OFFICE: NEWARK, N. J.

Jefferson City, Missouri

September 7, 1934

I, Lloyd R. Horn, brother of Charles E. Horn
deceased, wish to make affidavit that Charles
E. Horn was born March 17, 1916.

Lloyd R. Horn
Signature

State of
County of

Missouri
Cole

On this 10th day of Sept 1934, personally appeared before
me the above named Lloyd R. Horn who is known to me and
and who subscribed the foregoing statement before me and made
oath that the foregoing statement is complete and true.

Agnes Cairns

Notary Public

My Commission expires Nov 14-1934



Every item of information should be carefully
CAUSE OF DEATH in plain terms, so that it may
be stated EXACTLY. PHYSICIAN
statement of OCCUPATION

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S-23533

WEEK 602
SIX