

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

Do not use this space.

31366  
8679

1. PLACE OF DEATH **SEP 13 1934**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**

City **St. Louis**

(No. **St. Lukes Hosp.**)

Ward .....

2. FULL NAME **William Adolphus Horner (HORNER)**

(a) Residence, No. **5056 Emwight** St. **17** Ward.

(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 **Minnie D. Horner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10-24-1847**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**86 10 3**

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

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. Louisville Mo.**

MOTHER FATHER 13. NAME **John C. Horner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poanoke Va.**

15. MAIDEN NAME **May Ball**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT **Minnie D. Horner** (ADDRESS) **5056 Emwight**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Columbia Mo.** DATE **Friday Aug 31 1934**

19. UNDERTAKER **Alexander & Sons** (ADDRESS) **6175 Delmar**

20. FILED **NOV 20 1934** **Joe F. Brodeur** Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-27 1934**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

**Diagonal Ulcer** Date of onset

**131**

Other contributory causes of importance:

**Chronic interstitial nephritis**

**Chronic Myocarditis**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

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) **Harold G. Jones** M.D.

(Address) **128 1/2 3rd**

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.

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