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.

MAY 21 1935

11994

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 423

City St Joseph Mo (No. 1313, Grand Ave St. Ward)

2. FULL NAME Susan Elizabeth Van Horn

(a) Residence, No. 1313 Grand Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 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~~ W. O. Van Horn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1852

7. AGE: YEARS 82 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Doniphan Kansas

FATHER

13. NAME Benjamin McVey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. Beatrice Cummings St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belmont DATE April 13 1935

19. UNDERTAKER (ADDRESS) Fleeman Mortuary St Joseph Mo

20. FILED 4-13 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-9-, 1935, to 4-11-, 1935

I last saw her alive on 4-11-, 1935. Death is said to have occurred on the date stated above, at 10:15 P.m.

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

Pulmonary Edema — Date of onset 4-7-35

Other contributory causes of importance: Chronic Myocarditis

Name of operation None — Date of

What test confirmed diagnosis? Clinical — 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) Paul Fongrave, M. D.

(Address) St. Joseph Mo.

DR. HARRISON S. FORGRAVE
DR. PAUL FORGRAVE
TOOTLE BUILDING
ST. JOSEPH, MISSOURI

July 12, 1935

E. T. McGaugh, M. D.
State Board of Health
Jefferson City, Missouri

JUL 15 1935
THE STATE BOARD OF HEALTH

Dear Doctor:

I reported the death of Mrs. Susan E. Van Horn as of April 11th, 1935 in St. Joseph, Missouri. On consulting my records I find that this was an error and should be April 10th, 1935.

Very truly yours,

Paul Forgrave

Paul Forgrave, M. D.

Subscribed and Sworn to Before me this 12th Days of July, 1935.

My Commission Expires Jan. 16 1939

Margaret Tooker
Notary Public

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 85

Township..... Primary Registration District No. 1001

City..... (No. ..... St. ..... Ward)

File No. ..... Registered No. 423

2. FULL NAME Susan Elizabeth Van Horn

(a) Residence, No. 1313 Grand Ave. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. UNDERTAKER (ADDRESS)

20. FILED 7-13 19 35 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 19 35

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:

	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? .....

If so, specify .....

(Signed) Paul Gorgrave M. D.

(Address) St. Joseph Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

WHITE PAPER. GOOD FOR PERMANENT RECORD