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.

SEP 21 1935

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

Do not use this space.

26933

1. PLACE OF DEATH

County: Linn — Registration District No.: 503 — File No.:

Township: — Primary Registration District No.: 4306 — Registered No.: 102

City: Meadville (No. ..... St. ..... Ward)

2. FULL NAME: William John Vanhorn

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

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: Mary Vanhorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5 1859

7. AGE — YEARS: 76 — MONTHS: 3 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Lincoln Nebraska

FATHER

13. NAME: George Van Horn

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

MOTHER

15. MAIDEN NAME: Elizabeth Vincent

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

17. INFORMANT (ADDRESS): Jasper Vanhorn, Meadville Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Meadville — DATE: 8-16 1935 — Meadville

19. UNDERTAKER (ADDRESS): Smiley Bros, Meadville Mo

20. FILED: 8-14 1935 — E. J. Wear, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): aug 14 1935

22. I HEREBY CERTIFY, That I attended deceased from aug 14 1935 to Aug 14 1935. I last saw him alive on Aug 14 1935. Death is said to have occurred on the date stated above, at 9 A m.

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

	Date of onset
Chronic Myocarditis	
Heart Failure	

131

Other contributory causes of importance:

Cardio Vascular renal Syndrome

Name of operation: 0 — 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?

If so, specify

(Signed) E. J. Wear, M. D.

(Address) Meadville Mo