

SEP 24 1935

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

Do not use this space.

28762

1. PLACE OF DEATH

County Douglas Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. _____) St. _____ (Ward _____)

File No. _____
Registered No. 958

2. FULL NAME

(a) Residence No. 2138 So. 15th St. Ward. 7th
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
41 — 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Telling Co.

10. Date deceased, last worked at this occupation (month and year) Sept. 6 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halleck, Mo.

13. NAME James N. Horn

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

15. MAIDEN NAME Bella Dora Arnold

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

17. INFORMANT Mrs. James Horn (ADDRESS) 2138 So. 15th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept 16 1935

19. UNDERTAKER (ADDRESS) V. A. Sullivan Gower, Mo.

20. FILED 9-16 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept II 1935 to Sept 14 1935

I last saw him alive on Sept II 1935. Death is said

to have occurred on the date stated above, at 8:10 a.m.

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

onset Sept 9th 1935
Lobar Pneumonia

Date of onset

Other contributory causes of importance:

none

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? no Date of injury none, 19____

Where did injury occur? no injury
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
no injury

Manner of injury no injury

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) St. Melaney, M. D.

(Address) 401 Ballinger Bldg., St. Joseph, Mo.

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.

1000-11-12-35

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1955

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1955

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