

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.

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

Do not use this space.

40056

JAN 21 1935

1. PLACE OF DEATH

County *Knox*
Township *Edina*
City *Edina* (No.)

Registration District No. *441*
Primary Registration District No. *4259*

File No.
Registered No. *25-*
St. Ward)

2. FULL NAME

Horus H. St. John

(a) Residence, No. *724* St. *Bryant* Ward.

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. (If nonresident, give city or town and State)

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 *Laura B. Jones*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 15 1864*

7. AGE YEARS *84* MONTHS *4* D^{ys} *2* If LESS than 1 day, hrs. or min.

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

13. NAME *England*

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

15. MAIDEN NAME *Dont Know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont Know*

17. INFORMANT (ADDRESS) *Mrs Laura B. St. John*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Gabelle* DATE *Dec 18 1935*

19. UNDERTAKER (ADDRESS) *Kriegshausen Bros Edina Mo*

20. FILED *Dec 18 1935 Mrs C M Omick Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 17 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 15 1935* to *Dec 17 1935*

I last saw him alive on *Nov 30 1935* Death is said to have occurred on the date stated above, at *3 a.* m.

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

valvular heart lesion

Other contributory cause of importance: *None*

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) *R. E. Sumner*, M. D.
(Address) *Edina Mo*

