

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

Do not use this space.

27405

1. PLACE OF DEATH

County MONROE 1936
Township JACKSON
City (No. _____) _____

Registration District No. 582
Primary Registration District No. 5777

File No. _____
Registered No. 48
Ward _____

2. FULL NAME

WILLIAM O. VAN HORN

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

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>N. K.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>N. K.</u>		
7. AGE	YEARS	MONTHS
	<u>41</u>	
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>IRON MOULDER</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>FARM MACHINERY PLANT</u>
	10. Date deceased last worked at this occupation (month and year) <u>JULY 1936</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MINN. N. K.

13. NAME N. K.

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

15. MAIDEN NAME N. K.

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

17. INFORMANT STATE OF MINN. AUTO. DRIVERS LICENSE

18. BURIAL, CREMATION, OR REMOVAL PLACE BRICELYN, MINN. DATE 7/22 1936

19. UNDERTAKER Speed & Blakoy (ADDRESS) PARIS, MISSOURI

20. FILED JUL 22 1936 H. C. Poeme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 22 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from JUL 22 1936, 19, to JUL 22 1936, 19.

I last saw him alive on JUL 22 1936 19. Death is said to have occurred on the date stated above, at 4:50 P.M.

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

Myocarditis Date of onset last known

Other contributory causes of importance:
Probable effect of gas fumes from melted iron factory

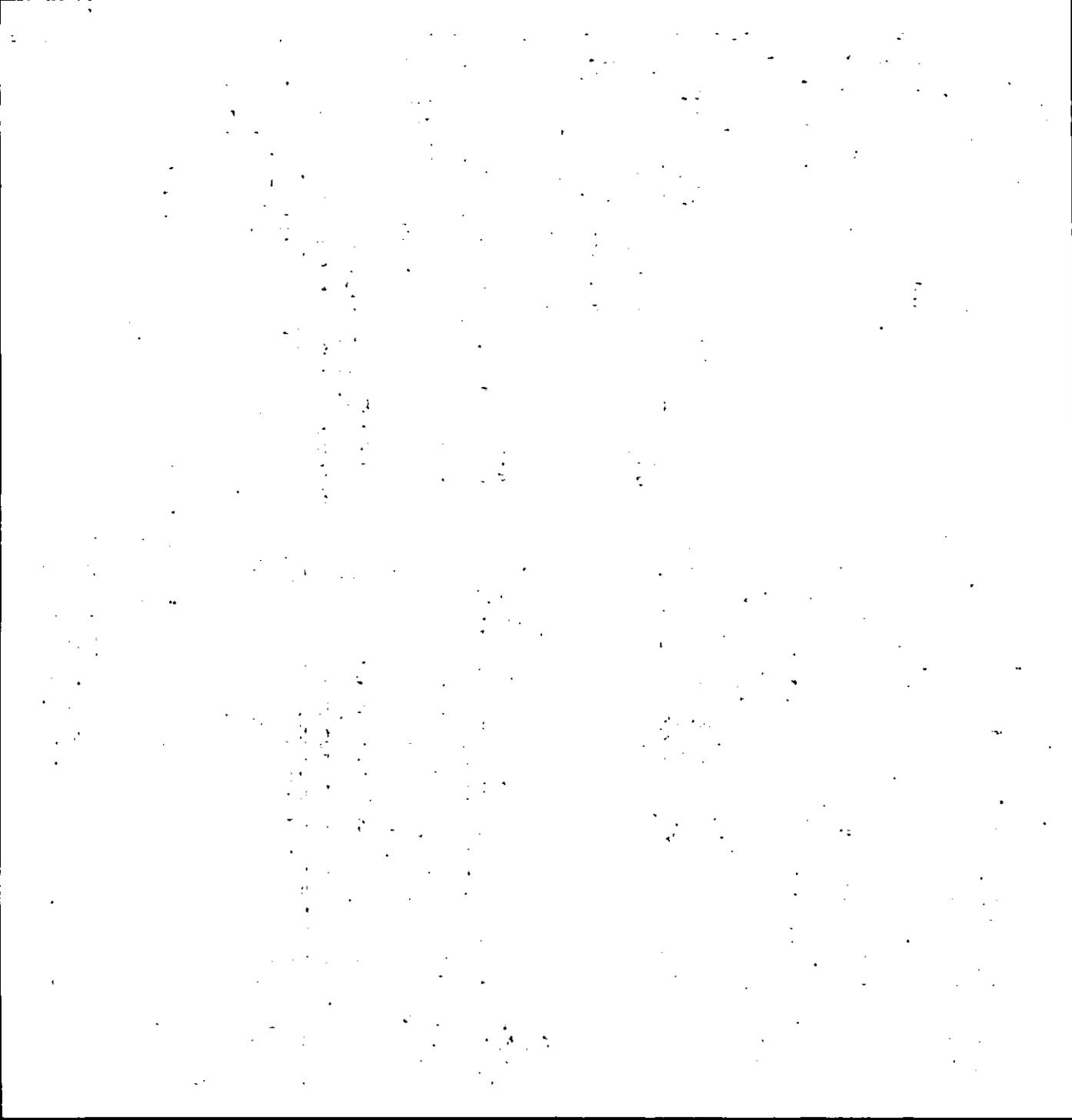
Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No

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? Yes
If so, specify Probably due to work in iron factory
(Signed) H. C. Poeme, M. D.
(Address) PARIS, MISSOURI



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1. PLACE OF DEATH

County Monroe
Township Jackson
City _____ (No. _____) St. _____ Ward _____

Registration District No. 582
Primary Registration District No. 5779

File No. _____
Registered No. _____

2. FULL NAME

William O. Van Horn

(a) Residence, No. _____ St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) n.k.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min. 41

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 7-22 1936 H. E. Payne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1936

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

Deceased was 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:

probably effect? gas fumes from rubber shoe factory

Name of operation None Date of _____
What test confirmed diagnosis None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury _____ 19____
Where did injury occur? none near Paris Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury no injury from external violence
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify (Signed) M. G. Mc Murray, M. D.
(Address) Paris Mo

SUPPLEMENT

S-27405

MEMORANDUM