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.

NOV 16 1938

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

Do not use this space.

37635

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township ~~Kaw~~ — Primary Registration District No. 1002

City Kansas City (No. 4124 Campbell St. Ward)

File No.

Registered No. 4485

2. FULL NAME George Horn

(a) Residence, No. 4124 Campbell St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 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: Linnie E Horn

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

7. AGE: About 65 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.: Attorney

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): Aug - 1936

11. Total time (years) spent in this occupation: 41 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton M. Jersey

FATHER

13. NAME: Henry Horn

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

MOTHER

15. MAIDEN NAME: Rebecca LaRue

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

17. INFORMANT (ADDRESS): Mrs Linnie E Horn 4124 Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Moriah DATE Oct 10 1936

19. UNDERTAKER (ADDRESS): W W Newcomers Sons Kansas City Mo

20. FILED Oct 9 1936 N. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct - 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936, to Oct 6, 1936

I last saw him alive on Oct 6, 1936 Death is said to have occurred on the date stated above, at 9 p m.

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

Carcinoma of Intestine

Date of onset

Other contributory causes of importance:

Secondary anemia.

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) A C Buhl D.C., M. D.

(Address) 216 Shankman Bldg.