

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

Do not use this space.

JAN 28 1937

44006

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120
Township " Primary Registration District No. 3009
City St. Francis Hospital (No. St. Francis Hospital)

File No. _____
Registered No. 4125
St. _____ Ward _____

2. FULL NAME

Percy V. Horn
(a) Residence, No. 519 So. Pacific 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

MEDICAL CERTIFICATE OF DEATH

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7 1936
22. I HEREBY CERTIFY, That I attended deceased from 12/4 1936 to 12/7 1936
I last saw him live on 12/7 1936 Death is said to have occurred on the date stated above, at 11:50 a. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 - 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 11 15

Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
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 _____

Other contributory causes of importance: TRAUMATISM
5-6 @ RD. VERT.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Mo.

Names of operations _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER 13. NAME John V. Horn

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/7 1936
Where did injury occur? BIOMOVER (Specify city or town, county, and State) 120
Specify whether injury occurred in industry, in home, or in public place.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankford Mo.

15. MAIDEN NAME Nellie M. McBlair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankford Mo.

17. INFORMANT Mrs. P. V. Horn (ADDRESS) Cape Girardeau Mo.

Manner of injury TRUCK OVERTURNED
Nature of injury ROAD

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Dec 9th 1936

19. UNDERTAKER Walthers, Und. Co. (ADDRESS) Cape Girardeau Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. J. Smith _____, M. D.
(Address) Cape Girardeau Mo.

20. FILED 12-7-1936 J. M. Thompson Registrar

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.

