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.

AUG 31 1937

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

Do not use this space.

File No. 28607

Registered No. 195

1. PLACE OF DEATH

County Vernon — Registration District No. 875

Township Washington — Primary Registration District No. 6162

City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Horn

(a) Residence, No. State Hospital #3 St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 8 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): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1895

7. AGE: YEARS 47 MONTHS 5 DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Mo.

FATHER

13. NAME: Wm. T. Horn

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

MOTHER

15. MAIDEN NAME: Sarah Ang. Horn

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

17. INFORMANT (ADDRESS): Leslie Horn Pixa, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hospital Cemetery DATE Jul. 27, 1937

19. UNDERTAKER (ADDRESS): Allen V Hays Nevada, Mo.

20. FILED Jul. 27, 1937 Allen V Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1937, to July 26, 1937

I last saw him alive on ..... 19 37. Death is said to have occurred on the date stated above, at 7-40 P.m.

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

	Date of onset
Gen paralysis of the insane (syphilis of the C.N.S.)	one year
Other contributory causes of importance: convulsions	7/24/37

Name of operation none Date of

What test confirmed diagnosis? Clinical 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? no

If so, specify

(Signed) T. T. Cheek, M. D.

(Address) Nevada, Mo.