

REC'D MAY 16 1938

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

14703  
Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 327  
 (b) Township Galt Primary Registration District No. 4194 Registered No. 4  
 (c) City Galt (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

2. PRINT FULL NAME Mrs. Flora B. Van Horn

(a) Residence, No. Galt Mo St.  (If nonresident, give city or town and State) 56.5  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Smilch  
 9. Industry or business in which work was done, as saw mill, bank, etc. House work for self.  
 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) Grundy Co. Mo

FATHER 13. NAME Guines Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA

MOTHER 15. MAIDEN NAME Armintha Gurner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA

17. INFORMANT (ADDRESS) Mrs. Maude Foster  
Galt Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Honey Creek Chapel DATE Apr 29 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ok Payne & Son  
Galt Mo

20. FILED 4-28 1938 U. C. Ellerton  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1938

22. HEREBY CERTIFY, That I attended deceased from July 1 1924 to 4-27-1938  
 I last saw him alive on 4-26 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Myocardial Regurgitation Date of onset 1928  
Arterio Sclerosis 1915  
 Other contributory causes of importance: None  
Gangrene of foot 1938

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Placed 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) U. C. Ellerton, M. D.

(Address) Galt, Mo 279

