

REC'D JUN 9 1938

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

16349
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No.
(b) Township Primary Registration District No. Registered No. **4210**
(c) City (d) Street No. **4313 St. Louis Ave** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 **SARAH HORNE** **650**

(a) Residence, No. **4313 St. Louis Ave** St. **10** **4313 11th Gen. Ave**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 13, 1914**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 2 21 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **None**
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) **Meridian Miss**

FATHER 13. NAME **George Horne**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ala.**

MOTHER 15. MAIDEN NAME **Sarah Buffing**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ala.**

17. INFORMANT (ADDRESS) **Sarah Horne**
4313 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **May 8** 19**38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **English Und. Co**
2903 1/2 Lucas Ave

20. FILED **MAY - 7 1938** **J. P. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/4** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **5/2** 19**38** to **5/4** 19**38**

I last saw him/her alive on **5/4** 19**38** Death is said to have occurred on the date stated above, at **28** m.

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

Pulmonary Tuberculosis Date of onset **8 mos.**

Other contributory causes of importance: **1/3**

Name of operation **no** 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 **DATE of Death** M. D.
(Signed) **J. P. Bredbeck** M. D.
(Address) **2136 Ch. ... Ave**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATEMENT OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Louis V. Atkins

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address.....

3644 Firm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.