

JUL 31 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Scott  
 Township Jefferson  
 City Memphis

Registration District No. 810  
 Primary Registration District No. 448

File No. 24996

Registered No. 39  
 St. Ward

## 2. FULL NAME

(a) Residence, No. Charlie Chambers Horn St. Ward  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

## 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 Ella J. Horn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 6 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) Cedar County, Ia.

MOTHER FATHER

13. NAME Henry C. Horn

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

15. MAIDEN NAME Maria Barriack

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

17. INFORMANT John Horn (ADDRESS) Memphis

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis DATE June 15, 1937

19. UNDERTAKER B. T. Payne & Sons (ADDRESS) Memphis, Mo.

20. FILED JUN 28 1937 S. L. Payne Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

22. I HEREBY CERTIFY That I attended deceased from March 10, 1937, to June 13, 1937

I last saw him alive on June 13, 1937. Death is said to have occurred on the date stated above, at 5 P. M.

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

Tuberculosis of lungs  
25

Other contributory causes of importance:

Emphysema

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? no

If so, specify

(Signed) James M. Thier, M. D.

(Address) Memphis, Mo.

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.

