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

Do not use this space.

31601

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City (No. ..... St. ..... Ward)
Registration District No. 1123
Primary Registration District No. 6248 E
File No.
Registered No. 321

2. FULL NAME Ruby Van Horn
(a) Residence. No. 2940 N. Prairie 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

3. SEX Female
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 Earl Van Horn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-19-1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	1	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Theodore Harrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Melba Jell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Hospital Records
(Address) [illegible] SANATORIUM

15. FILED Sept. 25, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 25 1928

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to Sept. 25, 1928 that I last saw her alive on Sept. 25, 1928, and that death occurred, on the date stated above, at 6:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible]

CHRONIC PULMONARY TUBERCULOSIS

(duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none

(duration) yrs. mos. ds.

31

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum

9/25, 1928 (Signed) Jaronna Schlenker M.D.
(Address) 3515 S. Grand Bl. St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetary
DATE OF BURIAL Sept 27 1928

20. UNDERTAKER Stroot & Carroll
ADDRESS 4600 Natural Bridge

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.

NOV 1 1928

1925 9 - 25
1898 2 19
30 1 6

APR 23 1947