

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

Do not use this space.

39533

1. PLACE OF DEATH
 County Jackson Registration District No. 100
 Township Law Primary Registration District No. 100
 City K.C. Mo. (No. 1108 Troost, ave.) St. _____ Ward _____

2. FULL NAME Elizabeth Van Horn
 (a) Residence. No. 1108 Troost St., 2 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 Fe **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Van Horn
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-24-1867
7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, _____ hrs. or _____ min.**
63 9 25
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) Own Home
 (c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
10. NAME OF FATHER Wesley H. Hasty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Dorothy Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record
14. INFORMANT Mrs. Mississipp Triplett
 (Address) Ottawa, Kansas
15. FILED 12/19 1930 m. m. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-19-1930
17. I HEREBY CERTIFY, That I attended deceased from Nov-2-, 1930, to Dec-19-, 1930, that I last saw her alive on Dec-19-, 1930, and that death occurred, on the date stated above, at 10:15 Am. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, acute
11B
93A
 (duration) yrs. 1 mos. 15 ds.
CONTRIBUTORY (SECONDARY) Flu Intestinal
 (duration) yrs. 1 mos. 15 ds.
18. WHERE WAS DISEASE CONTRACTED 11B
 IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) M. E. Berger M. D.
 (Address) 4525 Prosper Cu
 *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 Attawa, Ks. **DATE OF BURIAL** Dec 1930
20. UNDERTAKER Mrs. C. L. Foster **ADDRESS** K.C. Mo.

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.

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