

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Angos  
 City Vera

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. 83  
4809

FULL NAME Joshua L. Horn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White  
 SINGLE, MARRIED, WIDOWED, OR DIVORCED  
 (Write the word).

DATE OF BIRTH Aug 20 1916  
 (Month) (Day) (Year)

AGE 7 yrs. 6 mos. 8 ds.

OCCUPATION  
 (a) Trade, profession, or particular kind of work Wagon maker  
 (b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) Miss.

PARENTS

NAME OF FATHER Thomas Horn

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or Country) —

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. J. Horn  
Vera Tx.  
 (Address)

Filed 3/30 1916 E. Duval  
 REGISTRAR.

MEDICAL PARTICULARS

DATE OF DEATH Feb. 28 1916  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 12 1916, to Feb. 28 1916, that I last saw him alive on 28th Feb. 1916 and that death occurred on the date stated above, at 7:00 P. m.  
 The CAUSE OF DEATH was as follows:

La Grippe

(Duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary) (Duration) — yrs. — mos. — ds.

(Signed) J. Coffey M. D.  
3/28 1916 (Address) Vera Tx.

\*State the Disease Causing Death, or, in Death from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At Place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.