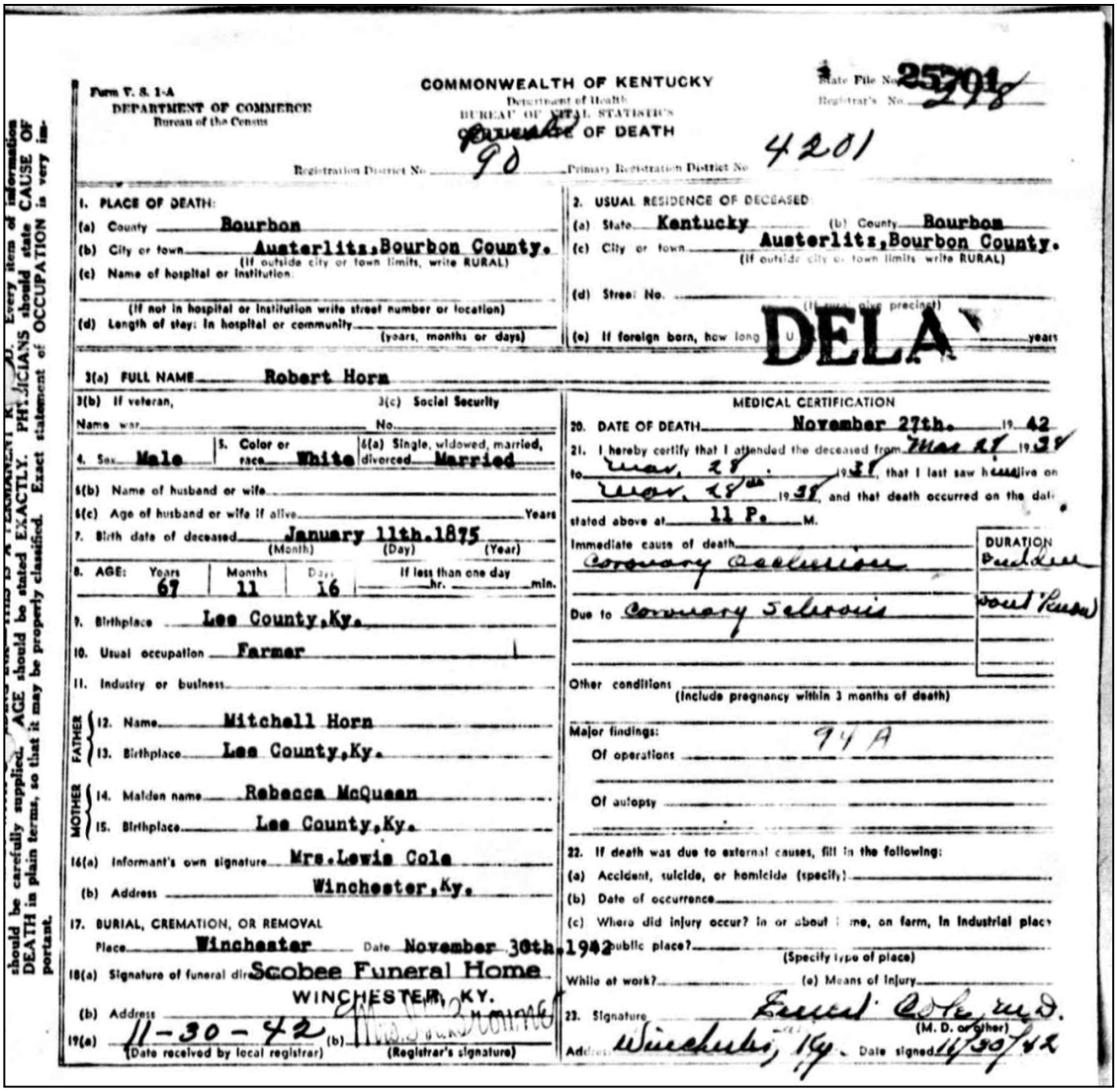

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 25701
Registrar's No. 298

Registration District No. 90 — Primary Registration District No. 4201

1. PLACE OF DEATH:
(a) County Bourbon
(b) City or town Austerlitz, Bourbon County.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Kentucky (b) County Bourbon
(c) City or town Austerlitz, Bourbon County.
(If outside city or town limits write RURAL)
(d) Street No. (If rural, give precinct)
(e) If foreign born, how long U.S. DELA years

3(a) FULL NAME Robert Horn
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Male | 5. Color or race White | 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased January 11th. 1875 (Month) (Day) (Year)
8. AGE: Years 67 | Months 11 | Days 16 | If less than one day hr. min.
9. Birthplace Lee County, Ky.
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Mitchell Horn
13. Birthplace Lee County, Ky.
MOTHER 14. Maiden name Rebecca McQueen
15. Birthplace Lee County, Ky.
16(a) Informant's own signature Mrs. Lewis Cole
(b) Address Winchester, Ky.
17. BURIAL, CREMATION, OR REMOVAL
Place Winchester Date November 30th. 1942
18(a) Signature of funeral dir. Scobee Funeral Home
(b) Address WINCHESTER, KY.
19(a) 11-30-42 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH November 27th. 1942
21. I hereby certify that I attended the deceased from Mar 27 1938 to Mar. 28 1938, that I last saw him alive on Mar. 28th 1938, and that death occurred on the date stated above at 11 P. M.
Immediate cause of death Coronary occlusion — DURATION Sudden
Due to Coronary Sclerosis — DURATION about 4 years
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations N/A
Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ernest Cole, M.D. (M. D. or Other)
Address Winchester, Ky. Date signed 11/30/42

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.