



TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

23237

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Harris
CITY OR PRECINCT NO Houston, Texas Jefferson Davis Hospital
GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED William Horn

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 8 YEARS MONTHS DAYS (SOCIAL SECURITY NO.)

RESIDENCE OF THE DECEASED | STREET AND NO. 1508 1/2 Congress CITY Houston COUNTY Harris STATE Texas

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Divorced

6. DATE OF BIRTH June 20, 1880

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY
64 HOURS MIN

8A. TRADE, PROFESSION OR KIND OF WORK DONE Hotel Manager

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED

9. BIRTHPLACE (STATE OR COUNTRY) Brazoria County, Texas

10 NAME William L. Horn

11. BIRTHPLACE (STATE OR COUNTRY) Ala.

12. MAIDEN NAME Neoma Simmons

13. BIRTHPLACE (STATE OR COUNTRY) ?

14 SIGNATURE Hospital Records
ADDRESS Houston, TEXAS

15. PLACE OF BURIAL OR REMOVAL Brookside TEXAS
DATE 5-30-44 194

16. SIGNATURE F. R. Whicker
FOGLE-WEST CO., INC. Houston TEXAS
LABORATORY, INC. No.

MEDICAL PARTICULARS

17. DATE OF DEATH 5-25-44 194

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-10-44 194 TO 5-25-44 194

I LAST SAW HIM ALIVE ON 5-25-44 194

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 11:45 PM M.

THE PRIMARY CAUSE OF DEATH WAS:

	DURATION
<u>Hypertrophy of the Prostate</u>	
<u>Myocardial infarction</u>	

CONTRIBUTORY CAUSES WERE

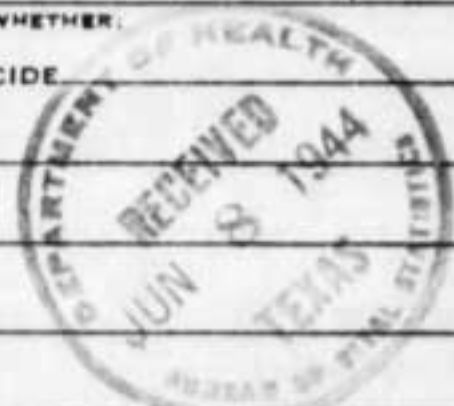
IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

MANNER OR MEANS
IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

SIGNATURE Kenneth Straw M.D.
ADDRESS Jefferson Davis Hospital COR TEXAS



20 FILE NUMBER 2056 FILE DATE MAY 29 1944 194

SIGNATURE OF LOCAL REGISTRAR [Signature] POSTOFFICE ADDRESS HOUSTON TEXAS

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