

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

Do not use this space.

39860

1. PLACE OF DEATH

County Chariton
Towship Salisbury
City Salisbury (No. 107A)

Registration District No. 175
Primary Registration District No. 4104

File No. _____
Registered No. 75
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Salisbury, Mo St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 10 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>8</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Chariton Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas James Horton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chariton Mo
(STATE OR COUNTRY) County Salisbury Tex

12. MAIDEN NAME OF MOTHER Celia Jane Giddler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bullman
(STATE OR COUNTRY) County Mo

14. INFORMANT J. J. Celia Horton
(Address) Salisbury Mo

15. FILED 1/15 1928 W. S. Stankiewicz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-7 _____, 1928, to 12-15 _____, 1928, that I last saw h. a. alive on 12-10 _____, 1928, and that death occurred, on the date stated above, at 8am _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis Pneumonia
11/10/28 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. S. Stankiewicz, M. D.

(Address) Salisbury Mo

*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 Mussel Fork Ark DATE OF BURIAL 12-17-28

20. UNDERTAKER Andrew Munson Home Health Co ADDRESS _____

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.

JAN 23 1929

