

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

Do not use this space.

26867

1. PLACE OF DEATH

County Andrew Registration District No. 26
 Township Gettysburg Primary Registration District No. 3002
 City Mexico (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 100

2. FULL NAME Robert B. Horton

(a) Residence. No. _____ St. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-20-1954

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 2 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Justice of Peace
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Palmyre
 (STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER Carroll Horton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clark Co.
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth Breakwater

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Ethel Horton
 (Address) Mexico MO

15. FILED Aug 2, 1929 Ira S. Milligan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-1-29 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-27-29 to 8-1-29 that I last saw him alive on 8-1-29, 1929, and that death occurred, on the date stated above, at 29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Pneumonia
Person born with chronic
myocarditis & arterial
sclerosis (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) NO (duration) yrs. 93 mos. 97 da.

18. WHERE WAS DISEASE CONTRACTED NO
 IF NOT AT PLACE OF DEATH NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Hanson, M. D.
 (Address) Mexico 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 Mexico Cem DATE OF BURIAL 8-2-1929

20. UNDERTAKER H. A. Proctor & Son ADDRESS Mexico MO

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. 191
1929
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WRITE PLAINLY, WITH CONFIDENCE

