

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

Do not use this space.

32925
10

1. PLACE OF DEATH

County Vale's
Township
City Hume, Mo. (No. St. Ward)

Registration District No. 51
Primary Registration District No. 4030

File No.
Registered No.

2. FULL NAME Charles Edward Horton,

(a) Residence. No. Hume 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 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Ellen Jane Hill Horton.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10th, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	11	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Banker.
(b) General nature of industry, business, or establishment in which employed (or employer). Retired
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Belvidere,
(STATE OR COUNTRY) Ills.

PARENTS

10. NAME OF FATHER George Washington Horton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Y.
(STATE OR COUNTRY) N. Y.
12. MAIDEN NAME OF MOTHER Frances Howell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Y.
(STATE OR COUNTRY) N. Y.

14. INFORMANT Mrs. Ellen J. Horton,
(Address) Hume, Mo.

15. FILED 10-18-29 W A Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14th, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 12th 1928, to Oct 14 1929 that I last saw ~~him~~ alive on Oct 14 1929, and that death occurred, on the date stated above, at 12:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Liver
46E
125
44
CONTRIBUTORY (SECONDARY) Possibly Hepatic obstruction (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? Yes DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Chloring
(Signed) Tom H. Allen Jr. M. D.

10/15/1929 (Address) Hume, 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 Hume, Mo. DATE OF BURIAL 10/16/ 19 29

20. UNDERTAKER KONANTZ MORTUARY ADDRESS FT. SCOTT, KS.

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.

