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.

NOV 28 1932

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

Do not use this space.

33504

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 0248 13
City Kirk, Mo. (No. Koch Hospital St. Ward)

File No.
Registered No. 355

2. FULL NAME Herbert H. Horton
(a) Residence, No. 4224A, Humphrey St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 68 yrs. 5 mos. 2 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: Lucky Horton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27-1864

7. AGE: YEARS 68 — MONTHS 5 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer 237
10. Date deceased last worked at this occupation (month and year): Apr 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo

FATHER
13. NAME: John Horton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Lucy Whetstone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT: Matilda Horton
(ADDRESS) 4224A Humphrey Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Oct 31 1932

19. UNDERTAKER: Clement Lind Co
(ADDRESS) 3125 Lafayette Ave

20. FILED Oct 29 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to Oct. 29, 1932
I last saw him alive on Oct 29, 1932. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1928

Other contributory causes of importance:
Chronic Myocarditis

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Stanley P. Benner, M. D.
(Address) Kirk, Mo.