

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

Do not use this space.
35161

1. PLACE OF DEATH
 County Lee Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson St. _____ Ward _____
 2. FULL NAME Jamie H. Horton
 (a) Residence, No. 1004 Washington St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 30 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

File No. 255
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Neal
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13 - 1855
 7. AGE YEARS 77 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information 31
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Mrs Jas. Beard, 1004 Washington
 18. BURIAL, CREMATION, OR REMOVAL PLACE W. Union DATE Nov 6 1932
 19. UNDERTAKER (ADDRESS) Dunson & James, Jeff City
 20. FILED 11/8 1932 Dr. Beard Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932 to Nov 4, 1932
 I last saw him alive on Nov 3, 1932. Death is said to have occurred on the date stated above, at 6:00 pm.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus with gangrene Date of onset _____
39 59
 Other contributory causes of importance: none
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy no
 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) Jas A. Hill, M. D.
 (Address) Jefferson City 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.

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