

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

Do not use this space.

36534

1. PLACE OF DEATH
 73 County Lepton Registration District No. 609
 Township Neesho Primary Registration District No. 8808
 City (No. _____) St. _____ Ward _____

2. FULL NAME Mahalia Ann 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) George Horton Rt 4 Neesho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem Cem. DATE Nov 1932

19. UNDERTAKER (ADDRESS) B. E. Marvess

20. FILED 11/30 1932 B. E. Marvess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1932 to Nov 27 1932
 I last saw him alive on Nov 24 1932 Death is said to have occurred on the date stated above, at 6:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset Nov 18 1932
 Other contributory causes of importance Chronic Dilatation of Heart with valvular insufficiency

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932
 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?
 If so, specify Cherry Roseberry Feed M. P.
 (Signed) _____ (Address) Neesho Mo

WRITE RUINLY, 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.

1933

