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.

JUN 20 1933

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

Do not use this space.

15589

File No.

Registered No.

1. PLACE OF DEATH

County ADAIR　　Registration District No. 804

Township Polk　　Primary Registration District No. ~~5809~~

City SUBLETTE　　(No. ~~5803~~ , St. Ward)

2. FULL NAME GEO M HORTON　　1443

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

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY HORTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 26. 18 50

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 83 | 2 | 24 | |

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) L(#) 1930　　11. Total time (years) spent in this occupation 60 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKEY　　2

FATHER

13. NAME WM HORTON　　3

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKEY　　2

MOTHER

15. MAIDEN NAME MALINDA HAYNES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKEY　　2

17. INFORMANT ED HORTON
(ADDRESS) KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~XXXXXXXX~~ REFUGE CEMETERY　　DATE 5.21 1933

19. UNDERTAKER DAVIS & WILSON
(ADDRESS) KIRKSVILLE MO

20. FILED May 19 1933 Mrs O P Farrington Registrar.

### 4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 18, 1933

I last saw h[illegible] alive on May 17, 1933 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Congestion due to insufficiency [illegible] [illegible] heart [illegible] organic [illegible] only

Date of onset: Dont know [illegible]

Other contributory causes of importance: None

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Name of operation [illegible]　　Date of

What test confirmed diagnosis? [illegible]　　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?

If so, specify

(Signed) O P Farrington, M. D.

(Address) Green Top Mo