

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.

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

Do not use this space.

JAN 26 1934

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph (No. 325 Virginia)

Registration District No. 85  
Primary Registration District No. 1001

File No. 39168  
Registered No. 1192  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eliza W. Horton

(a) Residence, No. 325 Virginia St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Horton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 1850

7. AGE YEARS 83 MONTHS 2 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Lynn Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Moses Sayers 14. BIRTHPLACE (CITY OR TOWN) Taswell Co. (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Dorcus Asbury 16. BIRTHPLACE (CITY OR TOWN) Taswell Co. (STATE OR COUNTRY) Virginia

17. INFORMANT Shannon L. Horton (ADDRESS) 325 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo. DATE Dec. 4, 1933

19. UNDERTAKER Lead O. Clark (ADDRESS) 2502 S. Union St. St. Joseph Mo.

20. FILED 4 1933 John R. Bender Registrar

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1933 '19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1933, to Dec. 3 1933

I last saw her alive on Dec. 2 1933. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Chronic Myocarditis  
93  
162  
93  
Old Ag.

Other contributory causes of importance:

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) William A. Robertson, M. D. (Address) St. Joseph Mo

