

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

Do not use this space.

21139

1. PLACE OF DEATH

County Waukegan Co.
Township Johnson
City Kambal (No. St. Charles Mo.)

Registration District No. 547
Primary Registration District No. 207

File No. 21139
Registered No. 1576
St. St. Charles Ward 1

2. FULL NAME

(a) Residence, No. 1111 St. St. Charles Ward 1
(Usual place of abode) near Eolia Mo
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>K. H. Harton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21 - 1866</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Center, Mo.</u>		
FATHER	13. NAME <u>Robt. Anderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Elyzabeth Rice</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Center, Mo.</u>	
17. INFORMANT <u>E. Harton</u> (ADDRESS) <u>Eolia Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Center Mo</u>	DATE <u>6/3/34</u>
19. UNDERTAKER (ADDRESS) <u>W. P. Warrick (Vonnies) 1111 St. Charles Mo.</u>		
20. FILED <u>June 1934</u> <u>W. H. Shuster</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-22-1934 to 6-1-1934
I last saw her alive on 5-31-1934 Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Acute pancreatic necrosis
Acute cholecystitis
Intestinal obstruction 1 week

Other contributory causes of importance:
Intestinal obstruction

Name of operation Cholecystectomy Date of 4-30-34
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

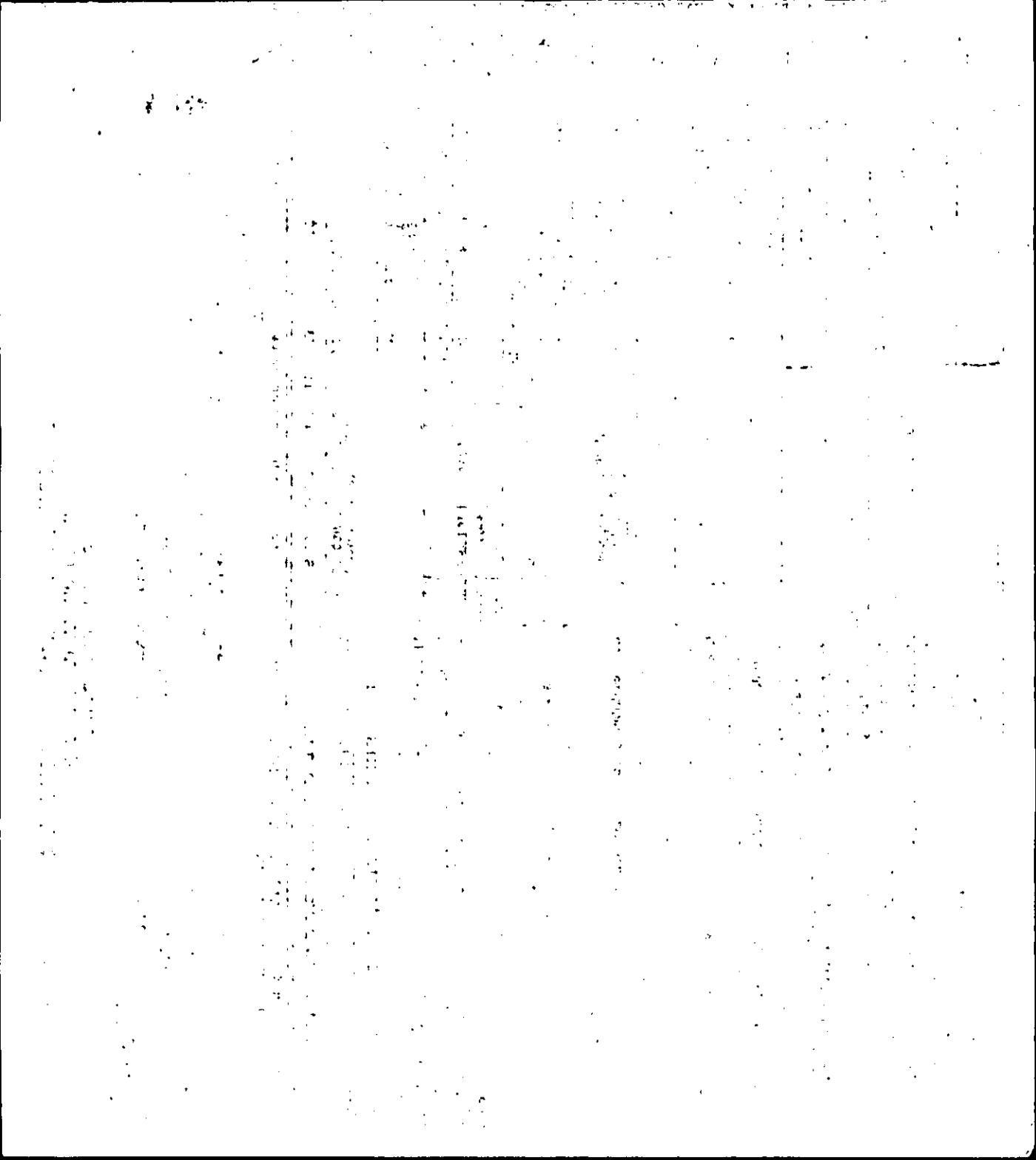
24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) E. Harton M. D.
(Address) St. Charles Mo.

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.

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Marion

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaughlin, M. D.,

Special Agent,

Jefferson City, Mo.

157

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary E. Horton
Who died at _____ on 6-1-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced:

Date of birth _____ Age: Years 78 Months _____ Days 10

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 12 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: acute Pancreatic necrosis
acute Cholecystitis - Gall stones found, obstruction
due to adhesions

Other contributory causes of importance: intestinal obstruction

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar E. M. Lude Date filed Sept-10-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 549 Very truly yours,

Primary Reg. Dist. No. 3029 E. T. McLaughlin, M.D.

Special Agent. H.

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