

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

Do not use this space.

18784

1. PLACE OF DEATH

County Vernon
Township Walker
City _____ (No. _____)

Registration District No. 550
Primary Registration District No. 6125

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Horton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1 1846</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>-</u>
	DAYS <u>19</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>Housewife</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Bowen</u> (ADDRESS) <u>Walker Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graveside Cem.</u> DATE <u>May 22 1935</u>		
19. UNDERTAKER <u>Ferry Bros</u> (ADDRESS) <u>Nevada Mo</u>		
20. FILED <u>May 20 1935</u> <u>C B Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13 1935 to May 20 1935.
I last saw him alive on May 18 1935. Death is said to have occurred on the date stated above, at 6:45 am.
The principal cause of death and related causes of importance were as follows:
Injury To Hip

Other contributory causes of importance: 14

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/11 1935
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall
Nature of injury Possible fracture of hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C B Davis, M. D.
(Address) Walker 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.

