

OCT 5 1936

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

Do not use this space.

35564

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. DePaul Hospital) St. _____ Ward _____

File No. _____
Registered No. **9166**

2. FULL NAME James Ewing Horton

(a) Residence, No. 5314 Lindenwood St. 14 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lillian (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) XXXX

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
alt. 34

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard Conductor
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Gates City (STATE OR COUNTRY) Virginia

MOTHER 13. NAME Lucian Horton

14. BIRTHPLACE (CITY OR TOWN) Rogersville (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Ison

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT W. P. Horton (ADDRESS) 5314 Lindenwood,

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamlet, N. C. DATE 9-4 19. 36

19. UNDERTAKER J. L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILE SEP 4 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 20, 1936, to Sept 3, 1936. I last saw him alive on Sept 3, 1936. Death is said to have occurred on the date stated above, at 11:30a.m.

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

Aneurysm of aorta,

Other contributory causes of importance: 7/4

Name of operation Chemical & lab. Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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 Henry C. Westerman, M. D. (Signed) (Address) 2136 East Grand Blvd.

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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