

George DEC 4 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36553

1. PLACE OF DEATH

County..... ADAIR Registration District No..... 804
Township..... BENTON Polk Primary Registration District No..... 5803
City..... KIRKSVILLE MO. (No..... 5000) St..... Ward.....

2. FULL NAME MARY HORTON

(a) Residence, No. SUBLETTE MO- St., Ward.
(Usual place of abode) (If non-resident, 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEO M HORTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 19th 1953

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 3 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. KEEPING SELF, H KEEPING
10. Date deceased last worked at this occupation (month and year) OCT 30 1936 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR CO MO

FATHER
13. NAME JOHN COGHILLE HORTON XXX

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW

MOTHER
15. MAIDEN NAME SUSAN FLOYD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW

17. INFORMANT (ADDRESS) M. J. Horton KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE REFUGE CEME BRVATE III, 2 1936

19. UNDERTAKER (ADDRESS) DAVIS & WILSON KIRKSVILLE MO

20. FILED Nov 2 1936 Mrs. O. P. Farrington (Address) Green 7 of Mo. Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1936

22. WHEREBY CERTIFY, That I attended deceased from Oct 25 1936 to Oct 31 1936

I last saw him alive on Oct 25 1936 Death is said

to have occurred on the date stated above, at 3:30 a.m.

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

Brain congestion
Ophthalmia and
Keratitis in sufficiency
Date of onset

Other contributory causes of importance:
ears the form of
of use

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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

Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. P. Farrington M. D.
(Address) Green 7 of Mo.

23 11/20/01

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

Do not use this space.

1. PLACE OF DEATH

County Adair

Registration District No. 804

File No. _____

Township _____

Primary Registration District No. 3003

Registered No. _____

City Park (No. _____)

St. _____ Ward _____

2. FULL NAME

Mary Horton

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 83 3 12

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

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

Passive Congestion of lung and Cardiac insufficiency
Endocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

acute Mitral Stenosis

13. NAME _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

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? _____

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

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED Nov 1 1936 Mrs. O. P. Farrington Registrar

(Signed) O. P. Farrington M. D.
(Address) Green Lake Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SURVIVED

S-36553