

DEC 30 1936

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

Do not use this space.

43354

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carroll Primary Registration District No. 6248B
City Jefferson Barracks (No. Veterans Hospital) St. _____ Ward _____

File No. _____
Registered No. 437
St. _____ Ward _____

2. FULL NAME Kirby R. HORTON

(a) Residence, No. 1208 Lindell Ave. St. _____ Ward. Hannibal, Missouri
(Usual place of abode)
Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF - Mrs. Maggie Horton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 17, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 1

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

12. BIRTHPLACE (CITY OR TOWN) New London
(STATE OR COUNTRY) Missouri

13. NAME unavailable

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

15. MAIDEN NAME unavailable

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

17. INFORMANT M. Schellig
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hannibal Mo. DATE Nov. 21, 1936

19. UNDERTAKER Hope
(ADDRESS) 11429 Euclid

20. FILED Nov 18, 1936 G. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936 to November 18, 1936

I last saw him alive on November 18, 1936 Death is said

to have occurred on the date stated above, at 4:40 p. m.

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

Tuberculosis, Chronic, involving both
Lungs, moderately advanced, larynx,
G.U. Tract and Fistula in Ano unkn.

Other contributory causes of importance:
none

Name of operation none Date of _____
clinical manifestations, phy. exam.
What test confirmed diagnosis? laboratory 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? _____

If so, specify _____

(Signed) C. J. Hughes Chief Medical Officer
C. J. Hughes Jefferson Barracks, Missouri.
(Address)

WHITE 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.

