

JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH

109 County Texas
Township Burdine
City Cabool (No. _____)

Registration District No. 862
Primary Registration District No. 6135-2

File No. 21561
Registered No. 46
St. _____ Ward _____

2. FULL NAME

James P. Horton

(a) Residence, No. _____ St., _____ Ward, _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
93 5 4

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

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) 1917 11. Total time (years) spent in this occupation 52

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

FATHER 13. NAME Geo. Horton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER 15. MAIDEN NAME Dorcella Bufford

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

17. INFORMANT (ADDRESS) John Horton Cabool mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton Cemetery DATE May 18 1937

19. UNDERTAKER (ADDRESS) Wayland H. Elliott Cabool

20. FILED June 10, 1937 Mrs. Clovis Cunningham (Address) Cabool mo. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15 1937 to May 17 1937. I last saw him alive on May 15 1937. 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:

Polar
Membrane
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

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) J. P. Carleton, M. D. Cabool mo.

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

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