

WRITE PLAINLY WITH UNLOADING INK---THIS IS A PERMANENT RECORD

50M-10-22-38
X3114

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.

39 JUL 28 1937

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

Do not use this space.

23762
Horton

1. PLACE OF DEATH

County Craw Registration District No. 318
Township 11. Spring Hill Primary Registration District No. 2904
City Springfield (No. 5) County farm St. _____ Ward)

File No. _____
Registered No. 524

2. FULL NAME

(a) Residence, No. 373 W Pine St., _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to June 24, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1897

Last saw her... alive on June 23, 1937. Death is said to have occurred on the date stated above, at 7:20 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
40 3 20

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. Laborer

Chronic Valvular disease with Mitral Stenosis
Chronic Passive Congestion of Heart
Date of onset

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

Other contributory causes of importance:
Thyphoid Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo

13. NAME David W. Horton

Name of operation None Date of _____

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

What test confirmed diagnosis? Auscultation Was there an autopsy? No

15. MARRIAGE Married

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT David W. Horton

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION OR REMOVAL PLACE Springfield, Mo

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

19. UNDERTAKER (ADDRESS) James A. Horton

(Signed) James A. Horton, M. D.
(Address) Springfield

20. FILED June 26, 1937 Chas. A. George Registrar

