

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

10772  
Do not use this space.

REC'D APR 19 1938

1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
(b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 246  
(c) City Springfield (d) Street No. 627 Poplar St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH ELIZABETH HORTON 635

(a) Residence, No. 627 Poplar St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 18, 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johnson Horton</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>3/13/38</u> , 19 <u>38</u> , to <u>3/13/38</u> , 19 <u>38</u> . I last saw him/her alive on <u>3/13/38</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>12:45 Noon</u> . The principal cause of death and related causes of importance were as follows: <u>Hypostatic</u> <u>Pneumonia</u> <u>bronchial</u> Date of onset _____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1845</u>					
7. AGE	YEARS <u>✓ 93</u>	MONTHS <u>2</u>	DAYS <u>4</u>	If LESS than 1 day, .....hrs. or .....min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>				Other contributory causes of importance: <u>old age - 19<sup>th</sup> c.</u>	
FATHER	13. NAME <u>James Moses Horton</u>			Name of operation _____ Date of _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madisonville</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____	
MOTHER	15. MAIDEN NAME <u>Lucinda Banks</u>			23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>38</u> . Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			Manner of injury _____ Nature of injury _____	
17. INFORMANT (ADDRESS) <u>J. H. Horton Springfield, Mo.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify _____ (Signed) <u>A. S. Beckwith</u> , M. D. 290 (Address) <u>Springfield</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shiloh</u> DATE <u>March 20, 1938</u>					
19. FUNERAL DIRECTOR (ADDRESS) <u>Fred C. Phinney Springfield, Mo.</u>					
20. FILED <u>Mar 19, 1938</u> <u>Chas. George, M.D.</u> Local Registrar					

(Licensed Embalmer's Statement on Reverse Side)

50M-7-60-37  
I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Ralph Chieme, Licensed Embalmer No. 3681

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Ralph Chieme  
Licensed Embalmer No. 3681

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**