1-28-39 - 2-2-39

REC'D MAR 13 1939

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

5908
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 117
(c) City St. Joseph — (d) Street No. 319 Alabama St St.
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES S HORTON
(a) Residence, No. 319 Alabama St St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Anna Horton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1 1872
7. AGE: YEARS 66 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman
9. Industry or business in which work was done, as saw mill, bank, etc. St. Joseph Belt Ry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnatti, Ohio

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs Ernest Kobett, 317 Massachusetts Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Feb 6, 1939
19. FUNERAL DIRECTOR (ADDRESS): Barry-Wylie Funeral Home, 218 South 10th St
20. FILED Feb 6 1939 H J Mastlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 3, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to Feb 3, 1939
I last saw him alive on Feb 2, 1939. Death is said to have occurred on the date stated above, at 2:30 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-25-39
107 W	

Other contributory causes of importance:
General arterio-sclerosis — unknown

Name of operation None — Date of —
What test confirmed diagnosis? Clinical — 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? No
If so, specify
(Signed) John I. Bigner, M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, D. E. Ryan, Licensed Embalmer No. 3613

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed D. E. Ryan

Licensed Embalmer No. 3613

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