

REC'D JUN 22 1939

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

19271
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
(b) Township JACKSON Primary Registration District No. 5779
(c) City..... (d) Street No..... St.
(e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 26

2. PRINT FULL NAME

635 ROY LEE HORTON
(a) Residence, No. Main St., Paris, Mo. (Usual place of abode, if no street address, write county of 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 30, 1927
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 8 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. In school
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) MONROE Co., Mo.13. NAME ROLLA HORTON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.15. MAIDEN NAME ANNA LEE REID16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSAIN Co., Mo.17. INFORMANT (ADDRESS) Mrs. ANNA LEE HORTON, PARIS, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE PLEASANT HILL DATE JUNE 1, 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLAKEY, PARIS, Mo.20. FILED MAY 31, 1939 J. B. Barnett, M.D. (By Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 30th, 193922. I HEREBY CERTIFY, That I attended deceased from 6....., 19....., to 6....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 8 P. m.

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

Accidentally Drowned by wading in river and stepped off ledge into deep water Date of onset

Other contributory causes of importance: 183

Name of operation..... Date of.....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide accident 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) Russell M. Wilson, Coroner(Address) MONROE CITY, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-37-1053

Date Filed JUN 13 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

..... or by

Registered Apprentice No., working under my personal supervision.

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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.)

If this body is not embalmed, above space should be left blank.