Dr English

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

22017
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin
(b) Township Buffalo
or
(c) City Cardwell
Registration District No. 283
Primary Registration District No. 5402
Registered No.
(d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Lenora Francis Horton
(a) Residence, No. 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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF W. R. Horton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-27-1878
7. AGE YEARS 60 MONTHS 6 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Missouri

FATHER
13. NAME C. W. Ogbards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesboro Ill

MOTHER
15. MAIDEN NAME Annie Hodge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Helen Fears Delfore Ark
18. BURIAL, CREMATION, OR REMOVAL
PLACE Senath Mo DATE May 20, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Howard Funeral Home Cardwell Mo
20. FILED 6-15, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1939, to 5-19, 1939
I last saw her alive on 3-2, 1939. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Cancer of left breast — Date of onset
Other contributory causes of importance: 50
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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) Wallace D English, M. D.
(Address) Cardwell, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-9-1938 I X16605

RECEIVED
District Health Officer No. 3,
District File Number 639-379
Date Filed 6/24/39

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.