

REC'D JUL 19 1939

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois
Township St. Francois
4 City Elm (No. 2)

Registration District No. 722
Primary Registration District No. 4463

File No. 23121
Registered No. 883
St. _____ Ward _____

2. FULL NAME

Harry Stephen Horton

(a) Residence, No. _____ 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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 or 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lead Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. miner

10. Date deceased last worked at this occupation (month and year) 6/30/39 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Bismarck Mo

FATHER 13. NAME Joseph A. Horton

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Bismarck Mo

MOTHER 15. MAIDEN NAME Lucy Denton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Bismarck Mo

17. INFORMANT (ADDRESS) Pearl Horton Elm Mo

18. BURIAL, CREMATION, OR REMOVAL buried DATE 7-1-39

19. UNDERTAKER (ADDRESS) Charles Brun Cent River Mo

20. FILED 7/8 1939 C B Horton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P m.

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

Coroner jury verdict by falling rock from dynamite blast

Date of onset

Other contributory causes of importance: 2019

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 6-27, 1939
Where did injury occur? St. Francois Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at St. Joe Lead Co Mine #12
Manner of injury as stated above
Nature of injury body crushed

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

(Signed) Joseph Diemer Coroner
Cent River Mo (Address)

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.

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

