

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

Do not use this space.

11307

1. PLACE OF DEATH

County St. Francois
Township 1
City Jackson (No.)

Registration District No. 273
Primary Registration District No. 6018A

File No.
Registered No. 35
St. Ward)

2. FULL NAME

John 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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Francis Horton Horton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 - 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 2 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) 1931-3-2
1940-12-14
-90-2-18
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Robinson Co. Tenn.

10. NAME OF FATHER

Henry Horton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER

Swan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

14.

INFORMANT Manions Horton
(Address) Flat River 5201

15.

FILED 3-4-31 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to March 2, 1931, that I last saw h. alive on March 2, 1931, and that death occurred, on the date stated above, at 12.10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92 D Influenzae (duration) yrs. mos. ds.
11 B Myocarditis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAILED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. L. Watkins, M. D.

3-4-1931 (Address) Farmington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Park View Cemetery

March 1931

20. UNDERTAKER

ADDRESS

Farmington Co. Farmington, Mo

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.

APR 27 1931

WHITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD

