

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1937-2-3
1875-9-11
61-4-22
MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Farmington (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No. 3915
Registered No. 37
St. Ward)

2. FULL NAME Portis Ellis 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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Louise Horton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 23

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

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

10. Date deceased last worked at this occupation (month and year) 4 or 5 days 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

13. NAME Shos. Horton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

15. MAIDEN NAME Frances Horton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

17. INFORMANT (ADDRESS) Marion Horton 712 Olive St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View Cem. DATE Feb. 5, 1937

19. UNDERTAKER (ADDRESS) Farmington, Mo.

20. FILED Feb 5 1937 V. J. Robinson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1937

22. HEREBY CERTIFY, That I attended deceased from Jan 29, 1937, to Feb 3, 1937, I last saw him alive on Feb 3, 1937, Death is said to have occurred on the date stated above, at 9 P. M.

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

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____

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? _____ If so, specify _____

(Signed) Geo. H. Walters, M. D. (Address) Farmington, Mo.

Date of onset 1-28-37
1-2-37

