

REC'D MAY 20 1938

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

1509K
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township McClellan Primary Registration District No. 5639 Registered No. 44
 (c) City Marion Mo (d) Street No. Missouri State San 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. 1 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Horton 635

(a) Residence, No. Marchfield Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1938, to Apr 12, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1917

I last saw h. s. v. alive on Apr 11, 1938. Death is said to have occurred on the date stated above, at 3:55am.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21 | 1 | 26

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 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) Aug 1937
 11. Total time (years) spent in this occupation 0

Pneumonia
Septicemia
Date of onset at
1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willard Mo

Other contributory causes of importance: 22a

13. NAME Charley Farr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

15. MAIDEN NAME Annie Mallett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alt 002 Mo

17. INFORMANT (ADDRESS) Emmeline Rappelt Missouri State San

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Mo DATE April 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Holman

20. FILED April 12, 1938 P. A. Holman Local Registrar

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

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..... to

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Chloroform, M. D.
 (Signed).....
 (Address) W. A. Holman

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

Wm. P. H. Adams

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.