

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

FILED APR 17 1945 MAME B. BEATTY, County Recorder

3325 ✓ 63

DISTRICT No. 1951

REGISTRAR'S No.

1. FULL NAME **John William Horton**2. PLACE OF DEATH: (A) COUNTY **Los Angeles**(B) CITY OR TOWN **Covina** 1-38

(C) NAME OF HOSPITAL OR INSTITUTION

513 No. First Street

IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION

(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)

IN HOSPITAL OR INSTITUTION

IN THIS COMMUNITY **10½ yrs** IN CALIFORNIA **10½ yrs**

(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. YEARS

3. (K) IF VETERAN, NAME OF WAR

None

3. (F) SOCIAL SECURITY NO.

None

4. SEX

Male

5. COLOR OR RACE

White

6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED

Widowed

6. (B) NAME OF HUSBAND OR WIFE

Hattie Horton

6. (C) AGE OF HUSBAND OR WIFE IF ALIVE

YEARS

7. BIRTHDATE OF DECEASED **Oct. 11, 1863**

MONTH DAY YEAR

8. AGE **81 yrs. 5 mos. 13 days** IF LESS THAN ONE DAY OLD

HRS. MIN.

9. BIRTHPLACE **Iowa**10. USUAL OCCUPATION **Farmer**11. INDUSTRY OR BUSINESS **General farm**12. NAME **John Horton**13. BIRTHPLACE **Unknown**14. MAIDEN NAME **Mary Cecil**15. BIRTHPLACE **Unknown**16. (A) INFORMANT **Virgil Horton**(B) ADDRESS **515 No. First St., Covina, Calif.**17. (A) **Burial** (B) DATE **March 28, 1945**

BURIAL, CREMATION OR REMOVAL

(C) PLACE **Oakdale Cemetery**18. (A) EMBALMER'S SIGNATURE **E S Christiansen** LICENSE NO. **1250**(B) FUNERAL DIRECTOR **Custer & Christiansen**ADDRESS **Covina, California**BY **Zella B. Hall****MAR 27 1945 H. O. Swartout M D**19. (A) DATE FILED (B) **By Flo Hoagland** REGISTRAR'S SIGNATURE

3. USUAL RESIDENCE OF DECEASED:

(A) STATE **California** 38(B) COUNTY **Los Angeles**(C) CITY OR TOWN **Covina**

IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL

(D) STREET NO. **513 No. First St.**20. DATE OF DEATH: MONTH **March** DAY **24**YEAR **1945** HOUR **4** MINUTE **10 AM**

21. MEDICAL CERTIFICATE

I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED

FROM 19

TO 19

THAT I LAST SAW H. **ALIVE**

ON 19

AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH **Generalized arterio-****sclerosis**DUE TO **Senility**

DUE TO (2)

OTHER CONDITIONS

(INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)

MAJOR FINDINGS:

OF OPERATIONS.

22. CORONER'S CERTIFICATE

I HEREBY CERTIFY, THAT I HELD AN

investigation

AUTOPSY, INQUEST OR INVESTIGATION

ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO

his DEATH ON THE DATE AND HOUR

STATED ABOVE.

DURATION

PHYSICIAN

UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

(A) ACCIDENT, SUICIDE,

OR HOMICIDE?

(B) DATE OF

INJURY

(C) WHERE DID

INJURY OCCUR?

CITY OR TOWN

COUNTY

STATE

(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN

PUBLIC PLACE? SPECIFY TYPE OF PLACE

WHILE AT WORK?

(E) MEANS OF INJURY

24. CORONER'S OR

SIGNATURE

(SPECIFY WHICH)

Frank A. Nance, Coroner**By V. I. Wallage Deputy****Los Angeles**DATE **3.24.45**STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

*Conny B. McCormack*CONNIE B. MCCORMACK
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

APR 25 2007



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