

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

Do not use this space.

1931 15-1
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
 County Christian Registration District No. 185
 Township Benton Primary Registration District No. 5260
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Dorothy Marie 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1931

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

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

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

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

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

13. NAME John Herbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co Mo

15. MAIDEN NAME Jessie Roller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co Mo

17. INFORMANT (ADDRESS) Mrs Nettie Roller Rogersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller Cem DATE May 19 1931

19. UNDERTAKER (ADDRESS) none

20. FILER John L. Slomons Registrar. Jan 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1931

22. I HEREBY CERTIFY, That I attended deceased from May 7 1931 to May 18 1931.
 I last saw her alive on May 17 1931 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Tubercular meningitis
 Date of onset Feb 1

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

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) W. A. Waters M. D.
 (Address) Rogersville Mo

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

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.

JAN 22 1933

