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.

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

Do not use this space.

File No. 48057

Registered No. 14

1. PLACE OF DEATH
City or Village APR 1936 Weyser
Township West Benton
City (No. Rogersville Hospital St. Ward)

Registration District No. 901
Primary Registration District No. 6209A

2. FULL NAME Stillborn child of Mr. & Mrs. 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 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) March 12, 1936

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
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.
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, Missouri

FATHER
13. NAME John Allan Horton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian County Missouri

MOTHER
15. MAIDEN NAME Jessie Muriel Roller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian County Missouri

17. INFORMANT (ADDRESS) Mrs. John Horton Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roller Cemetery DATE Mar 13 1936

19. UNDERTAKER Noel
(ADDRESS)

20. FILED Mar 13 1936 Nellie Atkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from at birth, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

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

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) N. Atkins, M. D.
(Address) Rogersville Mo