

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

26099  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Ozark Registration District No. 647  
 (b) Township Brown Primary Registration District No. 5957 Registered No. 1  
 (c) City Batesfield, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 20 yrs. mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carla Elizabeth Horn 650  
 (a) Residence, No. \_\_\_\_\_ 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**

3. SEX Fe 4. COLOR OR RACE wht married 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claud Horn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1906  
 7. AGE YEARS 32 MONTHS 1 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Fulton Co., Mo.

FATHER 13. NAME Willie Lester

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

MOTHER 15. MAIDEN NAME Willie G. Galbraith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Batter Co., Ark.

17. INFORMANT (ADDRESS) Claud Horn  
Batesfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Batesfield DATE 7-20 1938

19. FUNERAL DIRECTOR (ADDRESS) Robinson's  
West Plains Mo

20. FILED 7-20 1938 CA Beach Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to July 20 1938.  
 I last saw her alive on in May 1938 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 1936  
uriosis

Other contributory causes of importance: 23w

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Tub. Was there an autopsy? no

If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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? no  
 If so, specify \_\_\_\_\_

(Signed) CA Beach M. D.  
Elyah, mo  
550 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Dorothy S. Robertson, Licensed Embalmer No. 3422

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. ~~3422~~

working under my personal supervision.

Signed Dorothy S. Robertson

Licensed Embalmer No. 3422

**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.)**