

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.

MAY 20 1937

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

Do not use this space.

16471

1. PLACE OF DEATH
 County Henney Registration District No. 347
 Township Beeds Creek Primary Registration District No. 549D
 City (No.) St. Ward

2. FULL NAME Mary Margaret Horn
 (a) Residence, No. Clinton R.R. #3 St. Ward
 (Usual place of abode)
 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D B Horn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1866

7. AGE YEARS 70 MONTHS 5 DAYS 24 IF LESS than 1 day, hrs. or min.

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

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) Ky

FATHER
 13. NAME Thomas Sanders
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Highbas
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Betty Horn
 (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Waywood DATE 4/27 37

19. UNDERTAKER Conradine Beck
 (ADDRESS) Clinton Mo

20. FILED 5-1 1937 J R Hampton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1927 to April 25, 1937
 I last saw him alive on April 25, 1937 Death is said to have occurred on the date stated above, at 3:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, chronic Date of onset

Other contributory causes of importance: OB

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) James Smith, M. D.
 (Address) Clinton Mo

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