

WRITE PLAIN. 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. See instructions on back of certificate.

<b>1 PLACE OF DEATH</b>		<b>STATE OF TENNESSEE</b>		162
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>14</u>		Registration District No. <u>44414</u>		File No. <u>1</u>
Village _____		Primary Registration District No. <u>14</u>		Registered No. <u>1</u>
City _____ (No. _____, _____ St.; _____ Ward)				(If death occurred in a hospital or institution, give its NAME instead of street and number.)
<b>2 FULL NAME</b> <u>Robert J. Horton</u>				
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			<b>MEDICAL CERTIFICATE OF DEATH</b>	
3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>Feb. 24, 1920</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH _____, _____, 1____ <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 16, 1920, to Feb. 23, 1920,</u> that I last saw him alive on <u>Feb. 23, 1920,</u> and that death occurred, on the date stated above, at <u>2 P.M.</u> The CAUSE OF DEATH * was as follows: <u>Peritonitis</u>	
7 AGE _____ yrs. _____ mos. _____ ds.			If LESS than 1 day, _____ hrs. or _____ min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			_____ _____ _____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
9 BIRTHPLACE (State or country) _____			Contributory _____ <small>(SECONDARY)</small> <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
<b>PARENTS</b>	10 NAME OF FATHER _____		(Signed) <u>H. O. Carnahan</u> , M. D.	
	11 BIRTHPLACE OF FATHER (State or country) _____		<u>Tenn., 1904</u> (Address) _____	
	12 MAIDEN NAME OF MOTHER _____		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country) _____		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? <u>at Place of Death</u> Former or usual residence: <u>at Place of Death</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) _____			19 PLACE OF BURIAL OR REMOVAL _____	
(Address) _____			DATE OF BURIAL <u>Feb. 25, 1920</u>	
15 _____			20 UNDERTAKER <u>W. J. ...</u>	
Filed _____, 191_____			ADDRESS _____	
REGISTRAR				