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

Do not use this space.

17144

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5117

City St. Louis (No. 1383 Hamilton Ave. St. ..... Ward)

2. FULL NAME Lucy A. Norton

(a) Residence. No. 1383 Hamilton St. Ave 5 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)~~: [redacted], widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank A. Norton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 12" 1836

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	91 -	1	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mother
(b) General nature of industry, business, or establishment in which employed (or employer): At home
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keyesville N. Y.

PARENTS

10. NAME OF FATHER: Alvin Hinman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Do not Know
12. MAIDEN NAME OF MOTHER: Mary Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Do not Know

14. INFORMANT: E. A. Norton
(Address) 1383 Hamilton

15. FILED JUN -1 1927 19 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 31 1927

17. I HEREBY CERTIFY, That I attended deceased from her May 23, 1927, to May 31, 1927 that I last saw her alive on May 31, 1927, and that death occurred, on the date stated above, at 9-50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

96 Chronic dilation of heart
162 Influenza cold — (1914)
and old age —
(duration) 2 mos yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Caroline Skinner, M. D.
, 19 (Address) #7037 Dale Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Haven, Vt. DATE OF BURIAL: June 2 1927

20. UNDERTAKER: Wagoner ADDRESS: 364 Olive

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.