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

Do not use this space.

36817

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1002 — Registered No.:
City: K. C. Mo. (No. 1507 Ellenwood, St. Ward)

2. FULL NAME: Norma Jean Felch.
(a) Residence. No. 1507 Ellenwood Ward. (If nonresident give city or town and State)
(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: Fe.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 4 1927

7. AGE: Years | Months: 7 | Days: 2 | If LESS than 1 day, ....hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): K. C.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Oscar A. Felch
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Edwardsville
(STATE OR COUNTRY): Kansas
12. MAIDEN NAME OF MOTHER: Loutta Lafountain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): K. C.
(STATE OR COUNTRY): Kansas

14. INFORMANT: Oscar A. Felch
(Address): 1507 Ellenwood

15. FILED 12/8, 1927 M. M. Crowe Asst. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from 12/7 -, 1927, to 12/27, 1927, that I last saw her alive on 12/7 -, 1927, and that death occurred, on the date stated above, at 6.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
100/104 (duration) yrs. mos. 2 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?
12/ 7, 1927 (Signed) D. R. Russell, M. D.
(Address) 3231. E. 11 St.

*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: Forest Hill Cem. — DATE OF BURIAL: 8 1927
20. UNDERTAKER: Rose & Co — ADDRESS: 15 & Jackson

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD

Dr Armour 36 Pasco
Dr. Russell
3231 E 11th