

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

Do not use this space.

17288

1. PLACE OF DEATH

County Jackson
Towship New
City Kennett (No. Old City Hospital)

Registration District No. 399

File No. 1530

County Registration District No. 1902

Registered No. 1530

2. FULL NAME

Minnie Wallace Norman
(a) Residence. No. 5903 E. 35th Street (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 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

Cool

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Hayes Norman

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

Oct. 7, 1876

7. AGE

YEARS MONTHS DAYS
51 | 7 | 9 da. If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(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) Genp

10. NAME OF FATHER

Charles Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER

Carolyn Burton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

14.

INFORMANT Mary Hill
(Address) 5903 E. 35th Street

15.

FILED 5/22 1928 M. M. Brown
REGISTRAR Arson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16-1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner
....., 19....., to 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

174
suicide - eye -
percussion of Brain
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH DATE OF.....

WAS THERE AN AUTOPSY? Yes

20. WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) Deputy Coroner M. D.

, 19 (Address) Deputy Coroner

(*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 Blue Ridge Lawn

DATE OF BURIAL May 23, 1928

20. UNDERTAKER Adkins Bros.

ADDRESS 2174 Vine

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 UNFADING INK—THIS IS A PERMANENT RECORD

