

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

Do not use this space.

34398

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No.....)

File No.....
Registered No. **9972**
St..... Ward)

2. FULL NAME

Annis Norfolk
(a) Residence, No. *3861^{1/2} Windsor Pl. St.*, *17* Ward. *21*
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col.</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>
-------------------------	---------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar. 10, 1901*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hr. or ____ min.
<i>27</i>	<i>6</i>	<i>28</i>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Fordyce, Ark*
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Perry Rowell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Quachita Co. Ark.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Isabelle Lamb*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Quachita Co. Ark.*
(STATE OR COUNTRY)

14. INFORMANT *Joe W. Norfolk*
(Address) *3861^{1/2} Windsor Pl*

15. *OCT 10 1928*
FILED 19 *May B. Starkoff*
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10-8* 19*28*

17. I HEREBY CERTIFY That I attended deceased from *10-6-28* to *10-8-28* 19*28*
that I last saw him alive on *10-8-28*, and that death occurred, on the date stated above, at *11:30 p. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis.

CONTRIBUTORY (SECONDARY) *J*
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Dr. Edward B. Bess*, M. D.

10-10-1928 (Address) *122 South Irving 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 *Fordyce, Ark.* DATE OF BURIAL *10-10-1928*

20. UNDERTAKER *Peoples' Und. Co* ADDRESS *3100 Franklin*

WRITE PLAINLY, 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.

5

OK
James