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

Do not use this space. Dr Schooley 7021

1. PLACE OF DEATH
County Johnson
Township Hazil Hill
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 434
Primary Registration District No. 55-91

File No. .....
Registered No. 46

2. FULL NAME Mrs. Edna ELizabeth Norman.

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10. 1880.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	5	2	

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

9. BIRTHPLACE (CITY OR TOWN) Centerview
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Mary Jane Purdy.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.

14. INFORMANT John Norman.
(Address) 4211, Charlot. Kansas City.

15. FILED 4/9 1929 A. E. Polloch Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12. 1929.

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Feby 11, 1929, that I last saw her alive on Feby 11, 1929, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage and Hemiplegia
126
SPA (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Gall Stones & Operation for removal (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 20 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. Schooley M. D.
2/14, 1929 (Address) Odessa Mo

*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: Liberty Cemetery
DATE OF BURIAL: Feb. 14 1929.

20. UNDERTAKER: R. Q. Phillips. Warrensburg. Mo.
ADDRESS

WHITE 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.