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

Do not use this space.

9281

1. PLACE OF DEATH
County Vernon
Township Washington
City ..... (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6162
File No. .....
Registered No. 43

2. FULL NAME Joe A. Norris
(a) Residence, No. State Hospital # 3 St., ... 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. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not known
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1860 ?
7. AGE: Years 69 | Months ok | Days ok | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farming
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known
PARENTS
10. NAME OF FATHER: not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "
14. INFORMANT J. L. Dugan
(Address) Joplin Mo
15. FILED 3/7 1929. E. R. King. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 1 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1929, to Feb. 1, 1929, that I last saw him alive on ....., 1929, and that death occurred, on the date stated above, at 6 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Arteriosclerosis
87 A
77
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Cerebral hem.
(duration) immediate yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Fifth
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T. T. O'Dell, M. D
Feb. 1, 1929 (Address) Nevada 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: Joplin
DATE OF BURIAL: Feb 1st 19
20. UNDERTAKER: Hulburt
ADDRESS: Joplin Mo

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.

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