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

Do not use this space.

85

9654

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 360

City St. Joseph (No. Noyes Hospital St. Ward)

2. FULL NAME Mary Norman

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

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 4, 1900.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	28	7	10	

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) Unknown
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Lee Packer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mandy Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr Orville Norman
(Address) Worth Missouri

15. FILED MAR 14 1929 19 John G. Jetz REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 11, 1929, to Mch 14, 1929 that I last saw her alive on , 19 , and that death occurred, on the date stated above, at 2-20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bi-lateral salpingo-oophoritis (Puerperal) state (Miscarriage)

(duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (SECONDARY) General Peritonitis

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post mortem findings

(Signed) H. S. Forgrave, M.D

Mar. 14, 1929 (Address) Tootle Bldg St Joseph 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	DATE OF BURIAL
Worth Mo.	Mar. 15 1929
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St.

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.