

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

Do not use this space.

MAY 29 1929

1. PLACE OF DEATH
 County Vernon Registration District No. 875
 Township Centor Primary Registration District No. 3039.
 City Nevada (No.) St. Ward (....)

2. FULL NAME James Marshall Norris
 (a) Residence. No. St. 1st Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 28 yrs. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

17546

File No.
 Registered No. 108. St. Ward

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 Sarah Rebecca Norris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 30" 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>3</u>	<u>15</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown Ky.
 (STATE OR COUNTRY)

10. NAME OF FATHER Nathan Norris

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

12. MAIDEN NAME OF MOTHER Catharine Bowers

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

14. INFORMANT Sarah Rebecca Norris
 (Address) Nevada

15. 5/7 1929. E. R. Stief
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15" 1929

17. I HEREBY CERTIFY, That I attended deceased from April 7th, 1929, to April 15", 1929, that I last saw h. him alive on April 19th, 1929, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chrom Interstitial Nephritis
131
 (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129
 IF NOT AT PLACE OF DEATH,
 8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS? E. N. Linton, M. D.
 (Signed)
 . 19 (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 Wentons Cemetery DATE OF BURIAL 4/16 1929

20. UNDERTAKER Wentons Funeral Home Nevada
 ADDRESS

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 UNFAADING INK—THIS IS A PERMANENT RECORD

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2
2

