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.

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

Do not use this space.

18368

File No. 2113

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo (No. 1900 E 34 St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Norma Lee Root
(a) Residence. No. 1900 E 34 St., 13 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. 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	Wht	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/25/29 at 5:15 P.M.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 6 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) Mo.

PARENTS
10. NAME OF FATHER W. P. Root
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Georgia Joy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT W. P. Root
(Address) 1900 E 34

15. FILED 5/26 1929 M. M. Crowe asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1929

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1929, to May 25, 1929 that I last saw her alive on May 25, 1929, and that death occurred, on the date stated above, at 11:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhagic Disease of The Newborn.
159
1610 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Prematurity —
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Sr Damon Walthall, M. D.
5/26, 1929 (Address) 1010 Rialto Bldg.

*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
Pittsville Mo	5/26 1929
20. UNDERTAKER	ADDRESS
Stine McClure	K.C. Mo