

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

Do not use this space.

21480

9215

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City (No. General Hospital)

Registration District No. 399
Primary Registration District No. 752

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 3506 Olive 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20-1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 11 20

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) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John W. Norris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kathrap
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Eda M. Barnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alay Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT John W. Norris
(Address) 3506 Olive

15. FILED 6/11 1929 M.M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19... to 19... that I last saw h... alive on... 19... and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental Automobile
fracture
26 mo
218M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1880 (duration) yrs. mos. 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 autopsy
(Signed) Stanley M. Hefner M.D.

6/10, 1929 (Address) Reigelson
*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 Forest Hill, C. DATE OF BURIAL June 11 1929

20. UNDERTAKER Cylar Funeral Home ADDRESS 1800 Linwood

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.

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