

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

Do not use this space.

3178
24766

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. _____
 Township Kaw Primary Registration District No. _____ Registered No. _____
 City Kansas City St. St. Luke's Hosp. Ward _____

2. FULL NAME

(a) Residence. No. 17 East 65th St., 9 Ward. (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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21 - 1877

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	52	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician
 (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 Joe. J. Norman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Martha Jane Puck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wis.
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs Gertrude Norman
 (Address) 17 E. 65th St.

15. FILED 1/23, 1924 M. M. Croive
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to July 21, 1929, that I last saw him alive on June 21, 1929, and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Retro peritoneal sarcoma -
(Primary) sarcoma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH yes DATE OF Feb - 9 - 1929

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS operation

(Signed) E. L. Meller, M. D.
July 22, 1929 (Address) 800 Realt.

*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 Mt. Moriah DATE OF BURIAL July 23 1929

20. UNDERTAKER Dr. Newcome's Sons ADDRESS 2607

K. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS AN IMPROVEMENT RECORD

32
1
2

800 Realto Bldg-

no 618

1:30 - on