

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

Do not use this space.

28288

1. PLACE OF DEATH

County Lincoln
Township Snow Hill
City (No.)

Registration District No. 491
Primary Registration District No. 5-6-83-

File No.
Registered No. 24
St. Ward)

2. FULL NAME

(a) Residence No. James H. Norton St. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 | 5 | 7

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER James Norton

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

12. MAIDEN NAME OF MOTHER A. Rich

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

14. INFORMANT Mary Norton
(Address) Tray, Mo. R.F. D

15. FILED 8/11, 1929 W.A. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 11, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1928 to April 8, 1929 that I last saw him alive on April 8, 1929 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
936
74 (duration) 1 yrs. 2 mos. 19 ds.
CONTRIBUTORY myocardia sclerosis
(SECONDARY) (duration) 1 yrs. 2 mos. 19 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Paralysis
(Signed) J. B. Frazier M. D.
8/11, 1929 (Address) 24 Lakeside - 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 Harmony Grove Cemetery DATE OF BURIAL Aug 13, 1929

20. UNDERTAKER David L. Furbush ADDRESS Windsfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully supplied. Every item of information should be carefully supplied.

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