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

Do not use this space.

17489

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4562

City St Louis (No. 2115½ Gravois Ave St. ..... Ward)

2. FULL NAME Andrew Norris

(a) Residence. No. 2115½ Gravois Ave St., 73 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20th 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	1	15	

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

9. BIRTHPLACE (CITY OR TOWN) De Soto Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jerry Norris

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

12. MAIDEN NAME OF MOTHER Joe Marrah

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

14. INFORMANT Anne Norris
(Address) 2115½ Gravois Ave

15. FILED ....., 19.. Max C Harkey REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from September 18, 1929, to May 5th, 1930 that I last saw he alive on April 25th, 1930, and that death occurred, on the date stated above, at 9 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma
(Intestinal)
4 to C (duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Anasarca
(duration) — yrs. 2 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry J Dionysius, M. D.
May 6th, 1930 (Address) 125 E Adams, Kirkwood

*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
De Soto Mo.	May 8th 1930
20. UNDERTAKER	ADDRESS
McLaughlin	1631 Missouri

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 UNFADING INK—THIS IS A PERMANENT RECORD

Dr. H. J. Dionysius
125 E. Adams
Richmond 249

7-4-PM
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