

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

Do not use this space.

30072

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 3374

Township Kew

Primary Registration District No. 1009

Registered No. 3300

City Pleasant Hill, Mo.

(No. 1) Trinity Lutheran Hospital

Ward Hospital

2. FULL NAME

(a) Residence. No. Pleasant Hill, Mo. Ward.

Pleasant Hill, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 9 6

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) Lee's Summit, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Frank S. Norton

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

12. MAIDEN NAME OF MOTHER Willard J. Brain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lee's Summit, Mo.
(STATE OR COUNTRY)

14. INFORMANT Frank S. Norton
(Address) Pleasant Hill, Mo.

15. FILED 9/22/30 M. M. Crowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept - 20 19 30

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 19 30 to Sept 20, 19 30
that I last saw h. ext alive on Sept 20, 19 30, and that death occurred, on the date stated above, at 11:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Furunculitis
121 A
129 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Gangrenous appendicitis

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Pleasant Hill, Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF SEP. 15-30

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & operation

(Signed) W. B. Reynolds M. D.

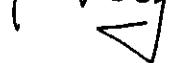
9/21, 19 30 (Address) 910 North Blvd. K.C. Mo.

*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 Lee's Summit, Mo. DATE OF BURIAL Sept 22 19 30

20. UNDERTAKER Wynnewood Sons ADDRESS K.C. Mo.

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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