

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

Do not use this space.

40361

**1. PLACE OF DEATH**

County *Phelps*  
Township *St. James*  
City *St. James* (No. \_\_\_\_\_)

Registration District No. *678*  
Primary Registration District No. *5704*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

*Richard Norris*

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

*male*

**4. COLOR OR RACE**

*white*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *Aug 31-1930*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<i>3</i>	<i>14</i>	

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work \_\_\_\_\_
- (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_
- (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Phelps Co. Mo.*

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** *Black Rock Ark.*

**12. MAIDEN NAME OF MOTHER** *Pearl Pitts*

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

**14. INFORMANT (Address)** *Norvaly Norris St. James Mo.*

**15. FILED** *12-19-30* *Henry J. Walters* REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Dec. 17- 1930*

**17. I HEREBY CERTIFY**, That I attended deceased from *Dec 16*, 19*30*, to *Dec 16*, 19*30*, that I last saw him alive on *Dec 16*, 19*30*, and that death occurred, on the date stated above, at *9 A. m.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Branch's Pneumonia*  
*1078* (duration) *3* yrs. *0* mos. *0* ds.  
**CONTRIBUTORY (SECONDARY)** *Pneumonia* (duration) *17* yrs. *0* mos. *0* 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? *Wateral*

(Signed) *F. B. Woodward* D.  
*12/18*, 19*30* (Address) *St. James*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT INJURIES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** *Morrison Cemetery* **DATE OF BURIAL** *Dec 18-1930*

**20. UNDERTAKER** *Jones and New York* **ADDRESS** *St. James Mo.*

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

44111 21 1930

