

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

Do not use this space.

40421

1. PLACE OF DEATH

County Ralls
Township Center
City..... (No.,

Registration District No. 725
Primary Registration District No. 4-9-56

File No.....
Registered No.....
St. Ward)

2. FULL NAME Mary Victoria Norton

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

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 16

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER J. H. Yager
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Margaretta Settles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT H. B. Norton
(Address) Hannibal, Mo.

15. FILED 12/30, 1930 J. T. Howard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1929, to Dec 27, 1930 that I last saw her alive on Dec 27, 1930 and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Failure
Edema - General
Anemia

97 (duration) yrs. mos. ds.
CONTRIBUTORY Interm Delusion, general
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 910
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H B Norton, M. D.
19 30 (Address) Hannibal 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 Norton Cemetery DATE OF BURIAL 12/23 1930
20. UNDERTAKER G. R. Hulse ADDRESS Center

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.

JUL 9 1944

TRAC 7MP