WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 18 1931

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

Do not use this space.

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1. PLACE OF DEATH
County Bates
Township Lone Oak
City ~~[illegible]~~ (No. ..... St. ..... Ward)
Registration District No. 53
Primary Registration District No. 5083
File No. .....
Registered No. 7

2. FULL NAME Norma Eileen Morris
(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 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-26-1925
7. AGE: 5 YEARS: 5 MONTHS: 5 DAYS: 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1180
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Missouri

FATHER
13. NAME Edgar Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Mo.

MOTHER
15. MAIDEN NAME Iva Alice Medley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler, Missouri

17. INFORMANT (ADDRESS) Margaret L. Medley Butler Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Jan 14 31
19. UNDERTAKER (ADDRESS) [illegible] Butler Mo
20. FILED Jan 14 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1931
22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1931, to Jan 11, 1931
I last saw her alive on Jan 11, 1931. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Gastritis following diphtheria about three weeks previous.
Date of onset
Other contributory causes of importance: Diphtheria
Dr Crabtree treated her during previous attack of diphtheria
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G. A. [illegible], M. D.
(Address) Rich Hill Mo