

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

Do not use this space.

4170

File No.
Registered No. 31 St. Ward

1. PLACE OF DEATH
 County Schuyler Registration District No. 805
 Township Primary Registration District No. 4434
 City Lancaster (No.) St. Ward

2. FULL NAME Jennings Bryan Norman
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19-1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than day,
	<u>31</u>	<u>1</u>	<u>20</u>	hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Hatchery employe
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster, Mo.

10. NAME OF FATHER Samuel Norman

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

12. MAIDEN NAME OF MOTHER Rosa Leonard

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

14. INFORMANT Mrs. Clarence Main
 (Address) Lancaster, Mo.

15. FILED Jan 18 1931 W. H. J. Smith
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 9 1931

17. I HEREBY CERTIFY, That I attended deceased from December 26, 1930 to January 9, 1931 that I last saw him alive on January 8, 1931, and that death occurred, on the date stated above, at 8:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sepsitic chlostridiosis of the liver
arteriosclerotic gangrene
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerotic gangrene
 (duration) 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH not known
 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Wasserman
 (Signed) Dr. E. E. Heltzer, M.D.
 . 19 (Address) Lancaster, 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 1007 Cemetery **DATE OF BURIAL** Jan 11 1931

20. UNDERTAKER John A. Roberts **ADDRESS** Lancaster 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.

PR 1931

