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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 8837
Township — Primary Registration District No. 1001 — Registered No. 265
City St Joseph (No. Missouri Methodist Hos. St. Ward)

2. FULL NAME Zola Lee Norris
(a) Residence. No. 608 Mt Mora Rd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lee M. Norris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 23-1905

7. AGE: 25 YEARS, 10 MONTHS, 17 DAYS — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife 12
(b) General nature of industry, business, or establishment in which employed (or employer): home - 235
(c) Name of employer: None 12

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co.; Missouri 1

PARENTS
10. NAME OF FATHER: Amos A. Warden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana 2
12. MAIDEN NAME OF MOTHER: Clementine Nickerson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): De Kalb Co Missouri 1

14. INFORMANT: Lee M. Norris
(Address) St Joseph, Mo.

15. FILED MAR 11 1931, 19 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/10 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/19, 1931, to 3/10, 1931, that I last saw her alive on 3/10, 1931, and that death occurred, on the date stated above, at 11 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Colitis from streptococcic infection with appendicitis
(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) 121
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/24/31
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) J. V. Stanley, M. D.
3/10, 1931 (Address) 2624 St Joseph Ave

*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: Memorial Park Cemetery — DATE OF BURIAL: March 12, 1931
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1446 Calhoun

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.