

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

Do not use this space.

17249

1. PLACE OF DEATH

County Butler Registration District No. 92 File No. _____
 Township Hills Bluff Primary Registration District No. 5737 Registered No. _____
 City Quincy Mo RFD #1 No. _____ St. _____ Ward _____

2. FULL NAME Delsie M. Norton

(a) Residence, No. Quincy Mo RFD #1 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William W. Norton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8-1888
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 7 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/30 1931 to May 22 1931
 I last saw her alive on 5/22 1931. Death is said to have occurred on the date stated above, at 8:35 P.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Small Intestine Date of onset about 1890
25 25

Other contributory causes of importance: _____

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? no
 If so, specify _____
 (Signed) Scott Cook, M. D.
 (Address) Quincy Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went Co Mo
 FATHER 13. NAME John Medlock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went Co Mo
 MOTHER 15. MAIDEN NAME Barbara Karn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT William W. Norton
 (ADDRESS) Quincy Mo RFD #1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Carola Cem DATE May 26 1931
 19. UNDERTAKER M. J. Phelps
 (ADDRESS) Caplan Bluff Mo
 20. FILED June 1, 1931 Scott Cook
 Registrar.

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.

JUN 24 1931

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