

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

1. PLACE OF DEATH Buchanan 85 File No. 20668
 County..... Registration District No.....
 Township Washington Primary Registration District No. 1001 Registered No. 686
 City St. Joseph, Mo. (No. State Hospital #2 St. Ward)
 2. FULL NAME Clorence Franklin Norton
 (a) Residence, No. 2709 Garfield St. Kansas City, Mo. (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.

JUL 22 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs.	or min.
	<u>39</u>	<u>unknown</u>	<u>unknown</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Chef 231
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) America
 (STATE OR COUNTRY)

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT State Hospital Rec
 (Address) St. Joseph, Mo.

15. FILED JUN 29 1931
John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Mon 27 June 1931
 that I last saw him alive on June 27, 1931, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heat Exhaustion
17j

CONTRIBUTORY (SECONDARY) Hot Weather (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1911

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. B. Miller M. D.
June 28 1931 (Address) St. Joseph, 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 State Hosp #2 Cem DATE OF BURIAL June 29 1931

20. UNDERTAKER E. G. Siderside ADDRESS 602 W. 10

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.

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

