

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.

SEP 21 1931

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

Do not use this space.

27538

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township.....

Primary Registration District No. 1201

City St. Joseph

(No. Mo. Meth. Hospt.)

File No.....

Registered No. 842

St. Ward)

2. FULL NAME

Norma Joyce Duty

(a) Residence, No.
(Usual place of abode)

St.,

Ward.

Halls Mo

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

Single
DIVORCED, (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

July 14, 1931

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

0

0

25

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Infant

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.....

12. BIRTHPLACE (CITY OR TOWN)

St. Joseph

(STATE OR COUNTRY)

Missouri

MOTHER

FATHER

13. NAME Norman C. Duty

14. BIRTHPLACE (CITY OR TOWN)

Halls

(STATE OR COUNTRY)

Missouri

15. MAIDEN NAME Wava L. Shelton

16. BIRTHPLACE (CITY OR TOWN)

Ray Co.,

(STATE OR COUNTRY)

Missouri

17. INFORMANT

David T. Shelton

(ADDRESS)

119 Virginia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Curlin Cem Halls Mo.

Aug. 10, 1931

19. UNDERTAKER

(ADDRESS)

Fred D Clark
3025 King Hill Av

20. FILED

8-10-31, 19

John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 - 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 14, 1931, to Aug 9, 1931

last saw her alive on Aug 8, 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:

Premature Birth

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) E. B. McAdams, M. D.

(Address) Halls Mo

1. The first part of the document discusses the general situation of the country and the progress of the war. It mentions the importance of maintaining the morale of the people and the need for a united front.

2. The second part of the document deals with the economic situation and the measures being taken to improve it. It emphasizes the need for efficiency and the reduction of waste.

3. The third part of the document focuses on the social and cultural aspects of the war effort. It calls for a spirit of sacrifice and the active participation of all citizens.

4. The fourth part of the document discusses the international situation and the role of the country in the global struggle. It expresses confidence in the ultimate victory of the Allied forces.

5. The fifth part of the document concludes with a call to action, urging the people to continue their efforts with determination and courage.