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

Do not use this space.

28227

File No. .....

Registered No. 33359

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: Kansas City (No. 78 Cleveland St. Ward)

Registration District No. .....

Primary Registration District No. .....

2. FULL NAME Wm Isaac Norris

(a) Residence. No. Leavenworth St. Ks Ward. X Leavenworth Ks
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 30 - 1897

7. AGE (think)

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	7	4	

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

9. BIRTHPLACE (CITY OR TOWN) Leavenworth Kas
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Lambert Norris

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

12. MAIDEN NAME OF MOTHER Minnie Fenton

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

14. INFORMANT Lambert Norris
(Address) 322 West 7th St Leavenworth Ks.

15. FILED 8/4 1931 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-4 1931 Tuesday

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw h..... alive on 7-30 19..... and that death occurred, on the date stated above, at 4 P.M. m.

Deputy Coroner

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide fire arm
173
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Shot by police officer
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley Hall, M. D
8/4 1931 (Address) Deputy Coroner

*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 Res. Leavenworth Ks.

DATE OF BURIAL Aug 8 1931

20. UNDERTAKER Davis Funeral Home

ADDRESS Leavenworth