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.

OCT 22 1931

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

Do not use this space.

30544

1. PLACE OF DEATH
County Buchanan — Registration District No. 80 — File No.
Township Center — Primary Registration District No. 5-119 — Registered No.
City Willowbrook (No. Willowbrook, Mo. St. Ward)

2. FULL NAME Joel Green Norris
(a) Residence, No. Willowbrook Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1850

7. AGE: YEARS 81 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) 1891
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Sarah Lunsford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Byron Brown Willowbrook, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta Cem. DATE Sept. 19, 1931

19. UNDERTAKER (ADDRESS) Fred D Clark 5025 King Hill Ave.

20. FILED Sept. 18, 1931 Mrs. Lucy Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8th, 1931 to Sept. 18, 1931
I last saw him alive on Sept. 8, 1931. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset July 30 1931

Other contributory causes of importance:

Name of operation none — Date of —
What test confirmed diagnosis? — 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) J K Peter, M. D.
(Address) Wallace Mo