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 24 1931

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

Do not use this space.

31640

1. PLACE OF DEATH

County Jasper — Registration District No. 413 — File No.

Township Mineral — Primary Registration District No. 6559C — Registered No. 27 23

City ~~Webb City~~ (No. , St. Ward)

2. FULL NAME Litzelfelner, Mrs. Norma.

(a) Residence, No. Oak Ridge, Missouri. 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 Berne Litzelfelner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/16/06.

7. AGE: 24 YEARS — MONTHS: 11 — DAYS: 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) Oak Ridge, Mo.

FATHER
13. NAME H. C. Clippard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Floy Cotner,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge Mo DATE Sept 14 1931

19. UNDERTAKER (ADDRESS) Webb City Undertakers

20. FILED Sept 17 1931 J. E. Weaver Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept, 7th, 1931, to Sept, 12th, 1931
I last saw her alive on Sept, 12, A.M., 1931. Death is said to have occurred on the date stated above, at 7 25 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
23A	
99A	
Pulmonary Tuberculosis,	

Other contributory causes of importance:

Menengitis.

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? .....
If so, specify .....
(Signed) R. M. Stormont, M. D.
(Address) Webb City Mo