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

Do not use this space.

1. PLACE OF DEATH
County: Linn Co
Township: Parson Creek
City: (No. ..... St. ..... Ward)
Registration District No. 303
Primary Registration District No. ~~4306~~ 5669
File No. 31783
Registered No. 57

2. FULL NAME: Harriet M. Norman
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

OCT 24 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: John B. Norman
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 14 - 1858
7. AGE: Years 73 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): ~~New York~~
(c) Name of employer: ~~New York~~
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

PARENTS
10. NAME OF FATHER: Thomas Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Hannah Loveland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Grace Norman
(Address): Meadville Mo
15. FILED: Sept 18 1931 E. A. Wen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 16 1931
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Sept 16, 1931, that I last saw her alive on Sept 12, 1931, and that death occurred, on the date stated above, at 2 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 Chronic Nephritis
189
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Nutritional deficiency
(duration) ..... yrs. ..... mos. ..... ds.
131
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? Clinical
(Signed) E. A. Wen, M. D
19 (Address) Meadville

*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: Wheeling Mo Sept 17 1931
DATE OF BURIAL
20. UNDERTAKER: Dimley Bros
ADDRESS: Meadville Mo