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.

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

Do not use this space.

40707

1. PLACE OF DEATH
County Grundy — Registration District No. 330 — File No.
Township — Primary Registration District No. 3017. — Registered No.
City Trenton (No. Harris Ave St. Ward)

2. FULL NAME Albert Lincoln Norris
(a) Residence, No. Harris Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 67 yrs. 6 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Biddy Jane Norris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15-1864

7. AGE: YEARS 67 — MONTHS 3 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C R J + P Labor
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) Lucas Co. Iowa

FATHER
13. NAME Elis Norris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Sarah Ann Yates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Biddy Jane Norris Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Grove DATE Dec 27 1931

19. UNDERTAKER (ADDRESS) Bern C. Davis #3216 West 14 St Trenton Mo

20. FILED 26 Dec 1931 E. A. Duffy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to Dec 24, 1931.
I last saw him alive on Dec 24, 1931. Death is said to have occurred on the date stated above, at 11:18 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease	
Chronic valvular	
mitral	1930
92A 92A	
95B	

Other contributory causes of importance:

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? X Date of injury X, 19
Where did injury occur? X (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? no
If so, specify
(Signed) G W Belshe, M. D.
(Address) Trenton Mo