

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

Do not use this space.

43149

1. PLACE OF DEATH
 County Sullivan Registration District No. 6118a
 Township Bowman Primary Registration District No. 851
 City Humphreys (No. _____) St. _____ Ward _____

2. FULL NAME Bonnie Ann Norvell
 (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 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) Child Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	0	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

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) Humphreys (STATE OR COUNTRY) Mo

FATHER

13. NAME Chester Earl Norvell

14. BIRTHPLACE (CITY OR TOWN) Russ Co. Mo. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Gail Harding

16. BIRTHPLACE (CITY OR TOWN) Humphreys (STATE OR COUNTRY) Mo

17. INFORMANT Chester Earl Norvell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Humphreys, Mo DATE Dec 16 1931

19. UNDERTAKER W. D. Jones & Son (ADDRESS) 501 S. 3rd

20. FILED Dec 16 31 W. D. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1931 to Dec 14 1931.
 I last saw him alive on Dec 14 1931. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Malnutrition & TB Aemia
1931
 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? _____ 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) H. M. D. Arner, M. D.
 (Address) Humphreys Mo

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.

