

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

Do not use this space.

3439

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

103 PLACE OF DEATH  
County Stoddard  
Township 2nd  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 836  
Primary Registration District No. 6100

2. FULL NAME Levi Notman  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5, 1950

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 11 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY) 2

10. NAME OF FATHER William Norman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY) 31

14. INFORMANT Wife / Mrs Julia Norman (Address)

15. FILED Jan 21 1932 Florence Dille REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to Jan 30, 1932, that I last saw him alive on Jan 29, 1932, and that death occurred, on the date stated above, at 9 03 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senility 93D  
myocarditis 1610

(duration) yrs. mos. ds. 93D  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Geo W Husick, M. D.  
, 19 (Address) Patuxent, 2020

\*State the DISEASE CAUSING DEATHS, 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 Sadder Chapel DATE OF BURIAL Jan 31 1932

20. UNDERTAKER H.C. Thimble ADDRESS Parma

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.

