

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

10274

1. PLACE OF DEATH

County..... Registration District No. *131*
 Township..... Primary Registration District No. *103*
 City *St. Louis* (No. *Barnes Hospital*)..... St. Ward

File No.
 Registered No. *2294*
 St. Ward

2. FULL NAME

Waris Randen Norton
 (a) Residence, No. *4133 Magnolia St.* *17* Ward.
 (Usual place of abode)
 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 *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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 15 - 1885*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *46 7 24*

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman 172*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Am. Bridge Co.*
 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) *Indiana*

MOTHER FATHER
 13. NAME *Clinton Norton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER
 15. MAIDEN NAME *Kate Raender*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT (ADDRESS) *Margorie Norton 4133 Magnolia*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bedford Blvd* DATE *3/14/32* 19.

19. UNDERTAKER (ADDRESS) *300 S. 1st St. St. Louis*

FILED *St. Louis* 19 *32* Registrar *W. C. Starkey*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3 - 9 - 1932*

22. I HEREBY CERTIFY, That I attended deceased from *3-8-32* *10:30* to *3-9-32* *9:30*

I last saw him alive on *3-9-* 19 *32* Death is said to have occurred on the date stated above, at *5 p. m.*

The principal cause of death and related causes of importance were as follows:
Acute Cardiac Collapse

Other contributory causes of importance:
Mediastinal ulcer

Name of operation *None* Date of *3/4/32*
 What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

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) *Harvey E. Martin*, M. D.
 (Address) *600 S. 1st St. St. Louis*

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.

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V. S. NO. 2.

