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.

AUG 22 1934

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

Do not use this space.

22034

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 706

City St. Joseph, (No. 624 North 6th. St. Ward)

2. FULL NAME Anna C. Norman,

(a) Residence, No. 624 North 6th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y. 5, 1851

7. AGE: YEARS 81 | MONTHS 6 | DAYS 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
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) Oregon, Missouri, 1

FATHER
13. NAME William Cotton,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky, 2

MOTHER
15. MAIDEN NAME Jane Lyons,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT (ADDRESS) Ralph E. Costigan Hotel Robidoux

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE July 22, 1932

19. UNDERTAKER (ADDRESS) Keaton-Bigale & Bourman 319 S. 10th. St. Funeral Home

20. FILED JUL 20 1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932, to July 20, 1932
I last saw her alive on July 17, 1932 Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

Chr Myocarditis
Arteria Sclerosis

Date of onset

93

Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation Date of
What test confirmed diagnosis? Phys Lyons 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? No
If so, specify
(Signed) H H Wallace, M. D.
(Address) 301 N 8 St Joseph Mo.