

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.

SEP 24 1932

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

Do not use this space.

26819

1. PLACE OF DEATH
 69 County Monroe Registration District No. 582 File No. 59
 4 Township Paris Primary Registration District No. 4944 Registered No. _____
 2 City Paris (No. _____) St. _____ Ward _____

2. FULL NAME Daniel F. Norton
 (a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

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 Carrie Norton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11, 1862

7. AGE YEARS 70 MONTHS 4 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Monroe Co. Mo

MOTHER FATHER
 13. NAME Ans Norton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King Ky
 15. MAIDEN NAME M. Kelly
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Carrie Norton (ADDRESS) Paris Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE N Walnut St DATE Aug 31 - Sept 1 1932

19. UNDERTAKER Fred A. Thompson (ADDRESS) Madison Mo
 20. FILED Aug 31 1932 H. Payne Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1932 to Aug 30 1932
 I last saw him alive on Aug 30 1932 Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset Aug 27 1932
Arteriosclerosis
 Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

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) M. C. McMurry, M. D.
 (Address) Paris Mo

1875
1876
1877

1878
1879
1880

1881
1882
1883