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

Do not use this space.

37523

File No. 10195

Registered No.

**1. PLACE OF DEATH**

County

Township

City St Louis (No. 1100 Bayard Ave St. Ward)

Registration District No.

Primary Registration District No.

**2. FULL NAME** Leigh Haida Norris

(a) Residence, No. Lorel Park Hos. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| Female | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1891

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 41 | 2 | 12 | |

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. None

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) San Antonio Texas

FATHER

13. NAME W. T. Norris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Texas

MOTHER

15. MAIDEN NAME Sophia Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Missouri

17. INFORMANT (ADDRESS) Esther Norris 1440 Gaegg Ave - St Louis

18. ~~BURIAL, CREMATION~~, OR REMOVAL

PLACE Glasgow, Mo. DATE Nov 20 1932

19. UNDERTAKER (ADDRESS) Wagner 3022 Rauch St.

20. FILED NOV 18 1932 19.. Mar C Hardesty Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug - 1932 to Nov - 18 - 1932

I last saw him alive on 11 - 17 - 1932 Death is said to have occurred on the date stated above, at 6:00 p.m.

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

| | Date of onset |
|---|---|
| Abscess R Bronchi Pneumonia | |
| L Lower Lung | |
| | 12 1 A |
| | 12 1 B |
| | 12 5 B |

Other contributory causes of importance:
Acute Gangrenous Appendicitis
Multiple Lung Abscess

Name of operation Appendectomy Date of 6-19-32

What test confirmed diagnosis? 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) R C Anderson, M. D.

(Address) Wm Beck

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.

MARGIN RESERVED FOR BINDING

S. No. 2