

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.

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

Do not use this space.

1. PLACE OF DEATH  
 48 County Jackson Registration District No. 399  
 10 Township Kau Primary Registration District No. 1002  
 9 City Kennett (No. 2636-E-1124) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME James Wesley Norman  
 (a) Residence, No. 2636-E-1124 St. 7 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)

File No. 1536  
 Registered No. 66

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-7-1906  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 2 26  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway Dept  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tractor Operator  
 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) Columbia Mo.  
 13. NAME James R. Norman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Princy Harmon  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Mrs. Max Hastings 926 West 81st  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 1-6-33  
 19. UNDERTAKER (ADDRESS) Mrs. C. L. Hunter K.C., Mo.  
 20. FILED 1-5-33 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1933  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1932 to Jan 3 1933  
 I last saw him alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 11:25 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Encephalitis Date of onset 12-29-32  
9:30 A  
107 A P. L. W.  
 Other contributory causes of importance:  
United Smuggling  
 (Name of operation) \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Orela Jackson, M. D.  
 (Address) 507 Oregon St. Kansas City Mo.

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563 Cambridge  
1-2-4 pm