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

Do not use this space.
13758

MAY 22 1933

**1. PLACE OF DEATH**
County Lawrence
Township Turn Back Buck Prairie
City Marionville (No. ..... St. ..... Ward)

Registration District No. 468
Primary Registration District No. 5629

File No. .....
Registered No. 19

**2. FULL NAME** Mary Elthily Norris

(a) Residence. No. ..... St., ..... 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 | Widow |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Newton Norris (Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16, 1845

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 87 | 4 | 20 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER Lowry Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Betsy Pettet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT Robt N Norris
(Address) Logan Mo.

15. FILED 4-8, 1933 Laura O. Connady REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6th 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to April 6th, 1933, that I last saw her alive on Mar. 31st, 1933, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
8 V B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 8 V B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. M. Halme M. D.
, 19 (Address) Marionville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Dover | 4-7 1933 |
| 20. UNDERTAKER | ADDRESS |
| A S Wallace | Billings Mo |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
AGE should be stated EXACTLY. PHYSICIANS should state