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

Do not use this space.

26617

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1601 — File No.: 3368

Township: — Primary Registration District No.: — Registered No.:

City: K. C. Mo. (No. General Hospital #2, 3rd Ward)

2. FULL NAME: Desseline Norwood

(a) Residence, No. 2841 Terrace, Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. COLOR OR RACE: Colored — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-30-1916

7. AGE: Years 18 — Months 8 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

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): Texas

FATHER

13. NAME: Howell Norwood

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

MOTHER

15. MAIDEN NAME: Ollie Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Blueridge — DATE: 8/23, 1933

19. UNDERTAKER (ADDRESS): Hatkins Bros 1729 Lydia

20. FILED: 8/23, 1933 M. W. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-11-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1933 to 8-11, 1933

I last saw her alive on 8-11, 1933. Death is said to have occurred on the date stated above, at 7:20 P.m.

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

	Date of onset
Acute yellow atrophy of the liver.	
Acute pulmonary edema	

Other contributory causes of importance:

Hypostatic congestion of both lungs

Name of operation: — Date of:

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? No

If so, specify:

(Signed) J. O. Turner M. D.

(Address) General Hosp. #2

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 26 1933

THIS IS A PERMANENT RECORD