

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

Do not use this space.

**1. PLACE OF DEATH**

66 County Miller  
22 Township Salem  
4 City Baldon (No. ....)

Registration District No. 561  
Primary Registration District No. 4390

File No. 30239  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. (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.

Clara Norris

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L B Norris</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1885</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>3</u>	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
FATHER	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) <u>Carroll Co. Indiana</u>			
MOTHER	13. NAME <u>Adam Grandstaff</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zanesville Ohio</u>			
15. MAIDEN NAME <u>Candis West</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Indiana</u>				
17. INFORMANT <u>L B Norris</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Delphi Ind</u> DATE <u>9-12-33</u>				
19. UNDERTAKER <u>Phillips Funeral Home</u> (ADDRESS) <u>Baldon Mo.</u>				
20. FILED <u>9-12</u> , 19 <u>33</u> <u>Belle Hayes</u> Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/9, 1933 to 9/11, 1933  
I last saw her alive on 9/11, 1933 Death is said to have occurred on the date stated above, at 4:50 P.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer Right Breast & axillary glands  
Other contributory causes of importance: None

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) H. D. Walker, M. D.  
(Address) Delphi Mo.

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.

SEP 26 1933

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RESERVED FOR BINDING

S. NO. 2

