

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

Do not use this space.

32545

1. PLACE OF DEATH

County Polk
Township Liberty
City Liberty (No.)

Registration District No. 201
Primary Registration District No. 5280

File No. 106
Registered No.
St. Ward)

2. FULL NAME

(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 <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>W.H. Moppin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25-1878</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>1</u>
		DAYS
		<u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		
10. Date deceased last worked at this occupation (month and year) <u>4 mo.</u>		
11. Total time (years) spent in this occupation. <u>35</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cassatowson Mo.</u>		
FATHER	13. NAME <u>Richard Norrell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Frances Ann Thorpe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Virgil Moppin</u> (ADDRESS) <u>Liberty Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Funerary</u>		
PLACE	<u>Liberty Mo.</u>	DATE <u>10/14 1933</u>
19. UNDERTAKER <u>Church - Archer Co.</u> (ADDRESS) <u>Liberty Mo.</u>		
20. FILED <u>10/14 1933</u> <u>E. J. Brant</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from August 12 1933, to Oct 12 1933
I last saw h. or alive on Oct 11 1933. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Pleural Pneumonia
and
Cancer of breast
Other contributory causes of importance:
48

Name of operation: 5% Date of: 48
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?
If so, specify: _____
(Signed) W. L. Myson, M. D.
(Address) Liberty Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

