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.

OCT 20 1933

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

Do not use this space.

File No. 33399

Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 408

Township Marion — Primary Registration District No. 3020

City Carthage (No. ..... St. ..... Ward)

2. FULL NAME Norman Newton Cahoon

(a) Residence. No. 1211 Hazel St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1901

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
32	4	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Wm N. Cahoon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Nancy E. Sery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hancock Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Geo. Fogg
(Address) Avilla, Mo.

15. FILED Oct 7, 1933 S. B. Clinton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Oct 5, 1933 that I last saw him alive on Oct 4, 1933, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver

12 4 B 12 4 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) none

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) H A La Force, M. D.

10/6, 1933 (Address) Carthage 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: Park Cemetery

DATE OF BURIAL: Oct. 7 1933

20. UNDERTAKER: Knell Mortuary

ADDRESS: Carthage, Mo.