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

Do not use this space.

33531

1. PLACE OF DEATH
County: Laclede
Township: Gasconade
City: (No. , St. Ward)
Registration District No. 453
Primary Registration District No. 5619
File No.
Registered No. 9

2. FULL NAME: Ruth Norris
(a) Residence, No. Competition, Mo St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Oscar Norris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 16, 1892
7. AGE: Years 41 | Months 2 | 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.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): 10-28-33
11. Total time (years) spent in this occupation: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

FATHER
13. NAME: Robert Barton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomfield Iowa

MOTHER
15. MAIDEN NAME: Malsina Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Putnam Co Mo.

17. INFORMANT (ADDRESS): Oscar Norris Competition, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt Carney DATE: 10-29-33
19. UNDERTAKER (ADDRESS): None
20. FILED: Oct. 29 1933 E. R. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 28, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to Oct 28, 1933
I last saw her alive on Oct 28, 1933. Death is said to have occurred on the date stated above, at 7 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
32 A	

Other contributory causes of importance:

Name of operation: Date of:
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) Robert B. Tilley, M. D.
(Address) Plato, 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