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.

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

Do not use this space. 37279

1. PLACE OF DEATH
County New Madrid — Registration District No. 345 — File No.
72 Township Big Prairie — Primary Registration District No. 5800 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Norman Terry
(a) Residence, No. Dikeston, Mo St., ... Ward. Tenn.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Col
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) Dont Know
7. AGE 42 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (month and year) Nov. 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Tenn

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Will James Dikeston, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Burial Dikeston, Mo. DATE Nov. 29 1933
19. UNDERTAKER (ADDRESS) H. J. Welsh Dikeston, Mo.
20. FILED Dec 4 1933 James E. Dean Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933, to Nov. 25, 1933
I last saw him alive on Nov 25, 1933. Death is said to have occurred on the date stated above, at 3A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Labor Pneumonia	Dk.
108	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) Thomas C. McClure, M. D.
(Address) Dikeston, Mo.