

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

MAR 21 1934

1. PLACE OF DEATH

County **Pettis**  
Township **Sedalia**  
City **Sedalia** (No. **1804**)

Registration District No. **661**

Primary Registration District No. **3032**  
**So. Osage**

File No. **69**

Registered No. **668**

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

**Nora W McCormick**  
**1804 So. Osage**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

**F**

4. COLOR OR RACE

**W**

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

**Married**

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

**J. G. McCormick**

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

**Feb. 1. 1869**

7. AGE

**65**

YEARS

MONTHS

**0**

DAYS

**19**

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

**At Home**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

**Mo.**

FATHER MOTHER

13. NAME

**Thomas Parrish**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Va.**

15. MAIDEN NAME

**Lucy George**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Mo.**

17. INFORMANT (ADDRESS)

**Granville McCormick**  
**Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE

**Crown Hill**

**Feb. 24/34**

19. UNDERTAKER (ADDRESS)

**Gillespie Fun'l Home**  
**Sedalia Mo.**

20. FILED

**2-22-**

**1934**

**Jean Slack**

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

**Feb. 20/34**

19

22. I HEREBY CERTIFY, That I attended deceased from

**Jan 28, 1934, to Feb 20, 1934**

I last saw him alive on **Feb - 19, 1934** Death is said

to have occurred on the date stated above, at **4 a. m.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? **Micro.** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **No.** Date of injury **Feb 20, 1934**

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)

**Dr. Fred E. Mound**

M. D.

(Address)

**111 W. 9 Sedalia Mo.**

Do not use this space.

6021

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