

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Stoddard  
Township Elk  
City Marion (No. ....)

Registration District No. 826  
Primary Registration District No. 6100

File No. 7470  
Registered No. 12  
St. .... Ward (12)

## 2. FULL NAME

Norma Jean Cole

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
0 0 30

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

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) Marion MO

13. NAME Norma Jean Cole

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

15. MAIDEN NAME Iva J. Jones

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

17. INFORMANT (ADDRESS) J. W. Jones

18. BURIAL, CREMATION, OR REMOVAL Parma MO

PLACE DATE 2/22 1934

19. UNDERTAKER (ADDRESS) B. S. Hopkins Marion MO

20. FILED Feb 22 1934 Therese Allen Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1934 to 2-22 1934

I last saw her alive on 2-9 1934 Death is said to have occurred on the date stated above, at 12 a.m.

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

Date of onset

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) Paulus Ryan, M. D.

(Address) Berkeley 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

