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.

JUL 17 1934

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

Do not use this space.

20574

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No. [illegible]

Township KAW — Primary Registration District No. 1002 — Registered No. [illegible]

City KANSAS CITY (No. ST. LUKES HOSPITAL St. ..... Ward)

2. FULL NAME MRS. MAUDE RUTH NORVELL

(a) Residence, No. 4324 - FOREST St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 HENRY E. NORVELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG - 29 - 1881

7. AGE: YEARS 52 — MONTHS 9 — DAYS 21 — 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.
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) VIRGINIA

FATHER
13. NAME PHILIP M. HILL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER
15. MAIDEN NAME IDA COOKSEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT MR. PHILIP NORVELL (ADDRESS) 4324 - FOREST AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE - 22 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 - EAST - 9TH ST.

20. FILED 6 - 21 - 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE - 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to 6 - 20 - 1934

I last saw her alive on 6 - 20 - 1934. Death is said to have occurred on the date stated above, at 2:55 P.m.

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

Myasthenia Gravis — Date of onset 1930

156 b

Other contributory causes of importance: unknown.

Name of operation None Date of

What test confirmed diagnosis? Was there an auto yes.

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

Accident, suicide, or homicide? No Date of injury ——, 19

Where did injury occur? None (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 None.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. B. Casebolt, M. D.

(Address) 1207 Kralto Bldg K.C. Mo.

1207 Realto Bldg.
12:30 - 2