

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.

1. PLACE OF DEATH

County AdairRegistration District No. 4Township KirkvillePrimary Registration District No. 3001City Kirkville (No.)St. Ward

2. FULL NAME

Anna Katherine Noren(a) Residence, No. 212 West Normal St., 3 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter O. Noren6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-18677. AGE YEARS 67 MONTHS 5 DAYS 28 IF LESS than 1 day, ... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Sweden13. NAME Peterson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT Mrs. Gey Noren (ADDRESS) 212 West Normal, Kirkville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Tolson Newmans DATE 7-6- 193419. UNDERTAKER Dee Riley (ADDRESS) Kirkville Mo.20. FILED July 6 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5 193422. I HEREBY CERTIFY, That I attended deceased from June 25 1934 to July 5 1934I last saw him alive on July 5 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Bronchial pneumonia Date of onset 10/1/34Other contributory causes of importance: 10/7/34Name of operation NONE Date of What test confirmed diagnosis? Was there an autopsy? NO23. 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? NOIf so, specify (Signed) W. J. Hulse(Address) Kirkville Mo.

