

MAR 20 1935

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

Do not use this space.

4333

1. PLACE OF DEATH

County Benton
Township Washington
City Frisco (No. 5700)

Registration District No. 64
Primary Registration District No. 5700

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 20 1865

7. AGE YEARS 70 MONTHS 0 DAYS 25 If LESS than 1 day, hrs. or min.

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

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 -

13. NAME Jno Norman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Do

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

17. INFORMANT (ADDRESS) J. P. Bailey mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Mt Herman Cem. DATE 2-16 19 35

19. UNDERTAKER (ADDRESS) J. R. Sucky wheatland mo.

20. FILED 2/15 19 35 Jas. H. Logan Registrar. M. E. Walters

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 19 35

22. I HEREBY CERTIFY, That I attended deceased from May 1 19 13, to Feb - 15 19 35

I last saw him alive on Jan 10 19 35 Death is said to have occurred on the date stated above, at 11 a m.

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

Chronic Intestinal Nephritis 1931
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Other contributory causes of importance:

Dropsy

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) James H. Logan, M. D.
(Address) Warsaw 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.

WHITE (LAINET), WITH UNRECORDED INFORMATION IS A PERMANENT RECORD

