

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.

NOV 5 1935

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

Do not use this space.

33421

1. PLACE OF DEATH
 County Monroe Registration District No. 5-86
 Town South Fork Primary Registration District No. 5784
 City (No.) St. Ward

2. FULL NAME Emmarine C. Norman
 (a) Residence, No. St. Ward.
 (Usual place of abode) (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1847

7. AGE YEARS 88 MONTHS 4 DAYS 25 IF LESS than 1 day, hrs. or min.

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) Monroe Co. Mo

13. NAME J. B. Lyons

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

15. MAIDEN NAME Jane Witt

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

17. INFORMANT Mrs. Henry Panster (Wid) (ADDRESS) Peru Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Fork Cem DATE Oct. 25 1935

19. UNDERTAKER Snyder & Hanger (ADDRESS) South Fork Mo

20. FILED Nov 10 1935 Effie W. Ware Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935 to Oct 1935
 I last saw her alive on Oct 1935 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis Date of onset unknown

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Physian 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? no
 If so, specify
 (Signed) J. E. Brown M. D.
 (Address) Peru Mo



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