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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.

FEB 19 1936

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

Do not use this space.

1047

1. PLACE OF DEATH
County: Henry — Registration District No. 347
Township: Honey creek — Primary Registration District No. 5491
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: Robert allen Norris

(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: M
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: Opal Norris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5 1885

7. AGE: Years 50 — Months 1 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Henry co Mo

FATHER
13. NAME: J. N. C. Norris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Hattie Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry co Mo

17. INFORMANT (ADDRESS): Mrs Opal Norris Warsh Mo RR

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Norris Cem DATE: 1/21/36

19. UNDERTAKER (ADDRESS): Consolve & Peck Clinton Mo.

20. FILED 1-21, 1936 J. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 20th 1936

22. I HEREBY CERTIFY, That I ~~attended deceased from ....., 19..... to .....~~ ....., 19.....
I last saw him ~~alive~~ dead on January 20th, 1936. Death is said to have occurred on the date stated above, at about 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Self Strangulation.	
Death was cutting throat with pocket knife, wounds self inflicted.	

Other contributory causes of importance:
Several months illness and disturbancy.
No Inquest deemed necessary.

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury? January 20, 1936
Where did injury occur? On his farm near a struction known as Mary Ward (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. Near home on premises of farm.
Manner of injury: Self inflicted wounds with sharp pocket knife. Slashed throat.
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) N. E. Jennings, M. D.
(Address) Clinton Mo Coroner of Henry Co. Missouri