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.

APR 16 1936

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

Do not use this space.

9610

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 120 — File No.
Township — Primary Registration District No. 3009 — Registered No. 93
City Cape Girardeau (No. St Francis Hospital St. Ward)

2. FULL NAME Norman G English
(a) Residence, No. Fornfelt St., Ward. Fornfelt, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1907

7. AGE: YEARS 29 — MONTHS 0 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement worker
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) Allenville Missouri

FATHER
13. NAME Joe English
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenville Mo

MOTHER
15. MAIDEN NAME Sarah Rhodes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenville Mo

17. INFORMANT (ADDRESS) Roy Walden Fornfelt Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Strodeville Cemetery DATE Mar 24 1936

19. UNDERTAKER (ADDRESS) Robt C Crowell Fornfelt Mo

20. FILED 3-22 1936 J M Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936, to March 22, 1936
I last saw him alive on March 22 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Widal 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. H. Cochran, M. D.
(Address) Cape Girardeau, Mo.