AP 26 1936

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

Do not use this space.

10427

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Primary Registration District No. 3019 — Registered No. 108
City Independence (No. Indep. Sanitarium St. Ward)

2. FULL NAME Alice T. Norton
(a) Residence, No. 320 Blue Ridge St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Wm Henry Norton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1907
7. AGE YEARS 28 MONTHS 4 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Camden Missouri

FATHER
13. NAME James Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Leona D Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noel Missouri

17. INFORMANT (ADDRESS) Wm Henry Norton 320 Blue Ridge Blvd
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Mar 11th 1936
19. UNDERTAKER (ADDRESS) George C Carson 201 North Pleasant St.
20. FILED 3-11- 1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8th, 1936
22. I HEREBY CERTIFY, That I attended deceased from 3/2/36, 19..., to Mar 8th, 1936
I last saw her alive on Mar 8th, 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia Streptococcic	3/4/36
Other contributory causes of importance: Puerperal Sepsis	3/4/36

Name of operation Cesarean Section Date of 3/3/36
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? 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) R. F. Gard MD, M. D.
(Address) Independence 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.