

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.

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

Do not use this space.

APR 21 1936

11689

1. PLACE OF DEATH

County Montgomery  
Township Monticello  
City New Florence Mo. (No. \_\_\_\_\_)

Registration District No. 593  
Primary Registration District No. 4354

File No. 39  
Registered No. 39  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Pleasant 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 Male 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 Margaret Gentry  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1852  
7. AGE YEARS MONTHS DAYS 84 1 25 NO 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) Montgomery County Missouri

FATHER 13. NAME Allen Norman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V. Virginia

MOTHER 15. MAIDEN NAME Catherine Brookshire  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Alva Norman  
(ADDRESS) New Florence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Norman Cemetery DATE Mar. 9, 1936

19. UNDERTAKER Barton Baker  
(ADDRESS) Americus Mo.

20. FILED 4/15 1936 Jones O. Helms M.D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to March 8, 1936  
I last saw h. 7 alive on Jan. 16, 1936. Death is said

to have occurred on the date stated above, at 11:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease  
Myocardial Infarction  
Arterio-sclerosis  
Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. 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 None  
(Signed) Parcell Memphis, M. D.  
(Address) Montgomery Mo.

