WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

JUN 22 1936

Do not use this space.

19875

1. PLACE OF DEATH

County: Knox — Registration District No.: 447 — File No.:

Township: Bourbon — Primary Registration District No.: — Registered No.:

City: Novelty Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Wm Henry Norfolk

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Pearl Murrix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-1-1871

7. AGE: Years 65 — Months — Days 22 — 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): Wilson Town Mo.

FATHER

13. NAME: John T. Norfolk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary Elizabeth Boring

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

17. INFORMANT (ADDRESS): Mrs Pearl Norfolk Novelty Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Locust Hill — DATE: May 25, 1936

19. UNDERTAKER (ADDRESS): Mrs J. W. Hudson Edina Mo.

20. FILED: June 4, 1936 — Frank Baldwin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1936

22. I HEREBY CERTIFY That I attended deceased from May, 1935, to May 23, 1936.

I last saw him alive on May 21, 1936. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage 4th or 5th stroke	May 16 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) E. P. Gerard, M. D.

(Address) Leonard Mo