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

AUG 21 1936

Do not use this space.
27179

1. PLACE OF DEATH
County Lafayette Registration District No. 461 File No. 69
Township Lexington Primary Registration District No. 5625 Registered No.
City (No. , St. Ward)

2. FULL NAME John THomas 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: Ma.
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: Sarah M. Norris.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 4, 1843

7. AGE: Years 93 Months 1 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Mechanic
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): Norristown Pa.

FATHER
13. NAME: John Norris.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norristown, Pa.

MOTHER
15. MAIDEN NAME: Not known.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known.

17. INFORMANT (ADDRESS): Ollie De Norris Fresno, California.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE July, 25, 1936.

19. UNDERTAKER (ADDRESS): Winkler, Lexington, Mo.

20. FILED July 25 1936 Fayr B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 24, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936, to July 24, 1936
I last saw him alive on July 21, 1936. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Age

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J. W. Fredendall M. D.
(Address) Lexington, Mo.