

OCT 15 1936

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

Do not use this space.

34355

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township East Primary Registration District No. 100 Registered No. 1035
City N. E. Mo. Mercy Hospital St. _____ Ward) _____

2. FULL NAME

Norma K. Knorr
(a) Residence, No. Eastland, Mo., 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>September 15-1934</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-15-1934</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>11</u>	DAYS <u>17 days</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>child</u>		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Arthur Knorr</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Gravell Mayer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
17. INFORMANT (ADDRESS) <u>Arthur Knorr Eastland, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>Sept-4-36</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster 418 Broadway Avenue</u>		
20. FILED <u>9-3</u> 19 <u>36</u> <u>M. M. Crowe, esq.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2-1936

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1936 to Sept 2, 1936
I last saw him alive on Sept 2, 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:
Acute Membranous Enterocolitis - Peritonitis
1196

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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) Quisquell W. Scott, M. D.
(Address) _____

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.

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