

JAN 29 1937

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

Do not use this space.

44141

1. PLACE OF DEATH

County Clay Registration District No. 198  
Township Fishing River Primary Registration District No. 3011  
City Excelsior Springs, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. 3d Ward

2. FULL NAME NORRIS, Henry Thornton

Veterans Administration Facility  
(a) Residence, No. Excelsior Springs, Mo. St. \_\_\_\_\_ Ward. Edina, Missouri  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 20 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Edina, Missouri

FATHER 13. NAME Simon K. Norris (deceased)

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) ~~Michigan, Michigan~~ Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Greer (deceased)

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL National Cemetery  
PLACE Leavenworth, Ks DATE 12-23-36

19. UNDERTAKER John C. Prather  
(ADDRESS) Excelsior Springs, Missouri

20. FILED 12-21-1936 Ms Rea McCracken  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, 19 to Dec. 21, 1936, 19

I last saw him alive on Dec. 21, 1936, 19. Death is said to have occurred on the date stated above, at 7:07 m. P.M.

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

Multiple abscess of the liver due to ameb a

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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 of injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify Yes

(Signed) L. C. Hardegree, MD, Clinical Director  
(Address) Veterans Administration Facility Excelsior Springs, Missouri

