JAN 19 1937

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

Do not use this space.

44675

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kan — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. KC Gen Hosp St. Ward)

2. FULL NAME Norm Joy

(a) Residence, No. 629 E. 12th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	w.	m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1898

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
48	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) China

FATHER

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

17. INFORMANT (ADDRESS) Records of Gen Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 12/7/1936

19. UNDERTAKER (ADDRESS) Carroll Davidson 3624 Troost

20. FILED Dec 4 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1936 to 12-2, 1936

I last saw him alive on 12-2, 1936 Death is said to have occurred on the date stated above, at 8:55 a m

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

	Date of onset
Pulmonary Tuberculosis - Bronchogenic Type	

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? ... 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) B. F. De Maria, M. D.

(Address) Supt KC Gen Hosp KC Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934
48
98