

FEB 25 1937

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

Do not use this space.

1722

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. Mercy Boys) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Otis Norris

(a) Residence, No. 710 Euclid, K.C. 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

MEDICAL CERTIFICATE OF DEATH

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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. 3!

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo. 31

13. NAME Otis Norris

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

15. MAIDEN NAME Julia

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

17. INFORMANT Otis Norris, Sr
(ADDRESS) 710 Euclid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winkmann DATE 1-30-37

19. UNDERTAKER Tegenman Funeral Home
(ADDRESS) 2931 Prospect

20. FILED Jan 28, 1937 M. M. Crooner
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 - _____, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1937, to 1-28, 1937

I last saw him alive on 1-28, 1937. Death is said to have occurred on the date stated above, at 4:45 p. m.

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

Bronchi pneumonia bilateral Date of onset 1-24-37

Bilateral Otitis Media 1-22-37

Other contributory causes of importance: acute tonsillitis 1-20-37

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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) Harry Quinn M. D.
(Address) 806 Prof Bldg KCMO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIRST NAME should be stated.

