

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.

FEB 28 1937

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

Do not use this space.

2560

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. R.R. #5)

Registration District No. 7
Primary Registration District No. 7

File No. 22
Registered No. 668
St. Sedalia Ward 7

2. FULL NAME

(a) Residence, No. Sedalia R.R. #5 St. Sedalia Ward 7
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Norton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1869</u>		
7. AGE <u>67</u>	YEARS <u>1</u>	MONTHS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insurance</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Office</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Pettis County</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>William D. Norton</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Cynthia C. Hunt</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Michigan</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs. M. D. Norton</u> (ADDRESS) <u>Sedalia R.R. #5</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithtown</u> DATE <u>Jan 24 1937</u>		
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>Jan 24, 1937</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 21</u> , 19 <u>37</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Nov 1</u> , 19 <u>36</u> , to <u>Jan 21</u> , 19 <u>37</u> I last saw him alive on <u>Jan 21</u> , 19 <u>37</u> Death is said to have occurred on the date stated above, at <u>9:30 am</u> . The principal cause of death and related causes of importance were as follows: <u>cancer of stomach</u> Date of onset
Other contributory causes of importance: <u>None</u>
Name of operation <u>Cholecystectomy</u> Date of <u>Jan 21</u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>37</u> Where did injury occur? <u>None</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>None</u> Nature of injury <u>None</u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>None</u> (Signed) <u>M. P. Shy</u> , M. D. (Address) <u>Sedalia, Mo.</u>

OCT 7 1958

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

Do not use this space.

1. PLACE OF DEATH

County Pettus
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 5889

File No. 2560
Registered No. 22
St. Ward

2. FULL NAME

Merton W Norton
(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) married

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

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

7. AGE YEARS 67 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1-24 1937 John Black Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw alive on 19 Death is said to have occurred on the date stated above, at m.

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

Cancer of Stomach Date of onset

Other contributory causes of importance:

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) M. G. Shy , M. D.

(Address) Sedalia

N. B.—Every item of information should be carefully verified, and every effort should be made to obtain the exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

2560