FEB 8 1937

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

Do not use this space.

File No. 2565

Registered No. 2

1. PLACE OF DEATH

County Phelps

Township ~~Rolla~~

City Rolla (No. ..., ..., St. ..., Ward)

Registration District No. 677

Primary Registration District No. 4403

2. FULL NAME Norma McClure

(a) Residence, No. Big Piney, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1929, Oct, 16

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	7	2	17	

OCCUPATION

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) Big Piney, Mo

FATHER

13. NAME Harry McClure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Big Piney Mo

MOTHER

15. MAIDEN NAME Myrtle Casidy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blooming Rose Mo

17. INFORMANT Harry McClure
(ADDRESS) Big Piney, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Piney DATE Jan. 4, 1937

19. UNDERTAKER Hull and Son
(ADDRESS) Rolla, Mo

20. FILED Jan. 4, 1937 Jos. T. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1936, to Jan. 3, 1937

I last saw h.e.r. alive on Jan. 3, 1937. Death is said to have occurred on the date stated above, at 4:00 P. m.

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

	Date of onset
Appendicitis	
Dangerous and Injured	

Other contributory causes of importance:

Name of operation Appendectomy Date of 12-31-36

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) [illegible] M. D.

(Address) Rolla Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.