

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dade  
Township North Prairie  
City Everton Mo. (No. ....) St. .... Ward)

Registration District No. 236  
Primary Registration District No. 4143

File No. 3 5646  
Registered No. ....

2. FULL NAME Margaret Annie Norris

(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

3. SEX Female 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 E. A. Norris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 - 1881

7. AGE YEARS 55 MONTHS 4 DAYS 5 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping  
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) Dade Co. Mo.

FATHER 13. NAME Gas. Mallory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

MOTHER 15. MAIDEN NAME Elizabeth Noble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

17. INFORMANT E. A. Norris (ADDRESS) Everton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Autioch DATE Feb 10 1937

19. UNDERTAKER J. W. Ward (ADDRESS) Greenfield Mo.

20. FILED Feb 20 1937 Wm. A. R. Slapp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1934 to Feb 8 1937

I last saw him alive on Feb 8 1937. Death is said to have occurred on the date stated above, at 11 P.M.

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

Neuragia of heart. Date of onset 2-8-37

Other contributory causes of importance: Diabetes mellitus, date of beginning some time previous to Aug 28 - 1934

Name of operation ..... Date of .....  
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

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? No  
If so, specify .....

(Signed) L. J. Holmer, M. D.  
(Address) Miller Mo

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.

