

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City..... St. Louis, Mo. (No. 2 Hospital.)

File No. 8608

Registered No. 2065

St. Ward)

2. FULL NAME Charles Norman.

(a) Residence, No. 1315 Blair, Ave., St., 4th Ward. 25

(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

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Annie Norman,

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

July 4th 1900.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

36

7

11

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.

P.W.A.

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)

Summerville,

Tenn.

13. NAME

Harvey Norman,

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

Tenn.

15. MAIDEN NAME

Rebbie Mayes,

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

Tenn.

17. INFORMANT (ADDRESS)

Mrs. Annie Norman

1315 Blair, Ave.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 2/23/ 37. 19

19. UNDERTAKER (ADDRESS)

R. C. Houston, Jr.,

2812 Thomas St.

20. FILED

FEB 19 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15th 1937

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

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:25 p.m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Diffuse Arterio Sclerosis

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? No

If so, specify _____

(Signed) J. M. Green, M.D.

(Address) Deputy Coroner

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

490

