JUL 26 1937

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

Do not use this space.

File No. 23260
Registered No. 751

1. PLACE OF DEATH
County Buchanan. Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME John Bernard Norton.
(a) Residence, No. 1819 Dewey Avenue. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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: 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) February 20, 1884
7. AGE: Years 53 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
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. Buchanan County.
10. Date deceased last worked at this occupation (month and year) July 1, 1937.
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Council Bluffs Iowa.

FATHER
13. NAME Patrick Norton.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Ireland.

MOTHER
15. MAIDEN NAME Mary Deely.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Ireland.

17. INFORMANT Miss Mayme Norton.
(ADDRESS) 1819 Dewey Avenue.
18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet. Cem.
PLACE St. Joseph Mo. DATE July 6, 1937
19. UNDERTAKER H. O. Sidenfaden & Son.
(ADDRESS) 1802 Union St. St. Joseph Mo.
20. FILED 7/5, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937, to July 4, 1937
I last saw him alive on July 4, 1937. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 4/37
Other contributory causes of importance: Acute Cholecystitis	July 3/37

Name of operation None Date of
What test confirmed diagnosis? Clinic 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) [illegible], M. D.
(Address) [illegible]

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.