ISOLATION HOSPITAL
DEC 13 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. 1791 File No. 39903

Township ..... Primary Registration District No. 1003 Registered No. 10890

City St. Louis, Mo. (No. ISOLATION HOSP. St. ..... Ward)

2. FULL NAME George Norton

(a) Residence, No. 2323 Gabler St., NR Ward. OVERLAND, MO.
(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: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1900

7. AGE: YEARS 36 | MONTHS 11 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Battery Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MODERN AUTO PARTS
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) HOLLIDAY, MO.

FATHER

13. NAME Dan Morton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Missouri

MOTHER

15. MAIDEN NAME Carrie Kipper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PARIS, MISSOURI

17. INFORMANT (ADDRESS) MG. Barry 5600 Arsenal st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE PARIS, MO. DATE 11-26 1937

19. UNDERTAKER (ADDRESS) Baumann Bros Inc. 2504 Woodson Rd. Overland, Mo.

20. FILED NOV 24 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Nov. 23, 1937
I last saw him alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	11-14
Toxic Myocarditis	
Streptococcic Sore Throat	11-16

Other contributory causes of importance:

Name of operation Tracheotomy Date of 11-20-37
What test confirmed diagnosis? clinical 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? .....
If so, specify .....
(Signed) Henry J. Ulrich, M. D.
(Address) 5600 Arsenal

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.

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