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.

JAN 25 1938

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

Do not use this space.

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1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No. ~~47028~~

108 Township Washington — Primary Registration District No. 6162 — Registered No. 8

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Robt. Norton 635

(a) Residence, No. State Hospital #3 St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary R. Norton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1869

7. AGE: YEARS 68 — MONTHS 11 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. com labor
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): Mo.

FATHER

13. NAME: Jno. Norton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

MOTHER

15. MAIDEN NAME: Hester Newberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): L. Norton, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Springfield Mo. DATE Jan. 12, 1938

19. UNDERTAKER (ADDRESS): Herry Funeral Home, Nevada Mo.

20. FILED Jan 12 1938 Allen V. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1938, to Jan. 11, 1938

I last saw him alive on " 11, 1938. Death is said to have occurred on the date stated above, at 10:55 P.M.

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

	Date of onset
Arteriosclerosis	9

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Other contributory causes of importance:

Lobar pneumonia Jan 9/38

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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) T. T. Odell, M. D.

(Address) Nevada Mo.