

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Rau

Primary Registration District No. 1007

City Kansas City

(No. 3516 Summit (Crestview))

File No. 1754

Registered No. 442

2. FULL NAME

Elizabeth Ruth Norris 620

(a) Residence, No. 611 W. 61 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Norris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18, 1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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)
Fulton County Illinois

13. NAME
John Clayberg

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
A. F. Norris 611 W. 61 City

18. BURIAL, CREMATION, OR REMOVAL PLACE
Mt. Washington DATE Jan 29, 1938

19. UNDERTAKER (ADDRESS)
Wagner Funeral Home 1204 W. Linwood

20. FILED Jan 27, 1938 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1927 to Dec 26, 1938

I last saw her alive on Dec 25, 1938 Death is said

to have occurred on the date stated above, at 5:40 P.M.

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

Pneumonia Date of onset 1-23-38

82a

Other contributory causes of importance:

Cerebral hemorrhage 11-15-37

Name of operation None Date of _____

What test confirmed diagnosis phys exam 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) A. F. Norris M. D.

(Address) 407 Waldheim Bldg

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.

RECEIVED

FEB 18 1938

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MO. STATE BOARD OF HEALTH

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