REC'D JUL 19 1938

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

Do not use this space.

21270

1. PLACE OF DEATH
County Barton
Township Doylsport
City Sheldon
Registration District No. 45
Primary Registration District No. 5068
File No.
Registered No.
(No. St. Ward)

2. FULL NAME Harry Gearld Norwood 6 30
(a) Residence, No. St., Ward.
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26 1920
7. AGE 18 YEARS | MONTHS 1 | DAYS 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. On Farm
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Milford Barton Co Mo

FATHER
13. NAME James Lee Norwood 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mc Clune Co Ill

MOTHER
15. MAIDEN NAME Lula May Mc Nerry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheldon Mo Barton Co

17. INFORMANT (ADDRESS) Father & Mother Sheldon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheldon Mo DATE May 26 1938
19. UNDERTAKER (ADDRESS) G B Beeny & Sons Sheldon Mo
20. FILED 7/11/38 Harvey B Welling Registrar 45

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ On May 24, 1938, to , 19
I last saw him alive on May 24, 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Spontaneous collapse of left lung, complete Cause unknown — Date of onset 5/24/38

Other contributory causes of importance: 114 lb

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? No Date of injury , 19
Where did injury occur? None (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 None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R W Pearse Jr M. D.
(Address) Nevada Mo

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.