

REC'D FEB 25 1939

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

Do not use this space.

1. PLACE OF DEATH
70 County Montgomery Registration District No. 589
Township Bear Creek Primary Registration District No. 5787 B
City Bellflower Mo (No. _____) St. _____ Ward _____

2. FULL NAME 655 Mrs Lucy A. Norman

(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 3178
Registered No. 6

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Norman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80. 7 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Jan 1, 1939
I last saw her alive on Nov 17, 1938, 1938. Death is said to have occurred on the date stated above, at 4 a.m.

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

Myocardial Degeneration Date of onset 1938
Senile Dementia 1937
arterio sclerosis 1935
Hypertension 1934
interstitial nephritis chronic

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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. H. Van Arsdale M.D.
857 (Address) Bellflower, Mo

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

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) Near Montgomery Mo

13. NAME William Johnson

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

15. MAIDEN NAME No

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT (ADDRESS) Everett Norman
Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery C.C. DATE Feb 1st 1939

19. UNDERTAKER (ADDRESS) C.W. Hopkins
Montgomery City Mo

20. FILED Feb 1 - 1939 Mary Lou Plumer Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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