

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

Do not use this space.

4017

1. PLACE OF DEATH
 County Stoddard Registration District No. 838
 Township Liberty Primary Registration District No. 6095R
 City Depler, Mo. St. _____ Ward _____
 2. FULL NAME Louise Anna Norman
 (a) Residence, No. same 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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Norman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 19, 1853</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>5</u>
	DAYS <u>10</u>	If LESS than 1 day, or 1.30 PM
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	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) <u>Bloomfield, Mo.</u>		
MOTHER	13. NAME <u>✓</u> <u>9</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u> <u>9</u>	
	15. MAIDEN NAME <u>✓</u> <u>9</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u> <u>9</u>	
17. INFORMANT <u>John Norman</u> (ADDRESS) <u>Depler, Mo., R. 3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith Station</u> DATE <u>1-28</u> 19 <u>40</u>		
19. UNDERTAKER <u>Walters</u> (ADDRESS) <u>Depler, Mo.</u>		
20. FILED <u>2/2</u> 19 <u>40</u> <u>Jennet Burton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1940, to Jan 27 1940
 I last saw her alive on Jan 24 1940 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
 Date of onset _____

Other contributory causes of importance: 11W / Influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis? C. 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) S. S. Haver I, M. D.
755 (Address) Depler, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

