

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry Registration District No. 347 File No. 17902  
 Township Bethlehem Primary Registration District No. 5489A Registered No. 70  
 City..... (No..... St..... Ward)

**2. FULL NAME**

Norman Eugene England  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 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) April 27 - 29

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Henry Co. Mo

**10. NAME OF FATHER**

Wm E. England

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Henry Co - Mo

**12. MAIDEN NAME OF MOTHER**

Clara May Stephens

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Henry Co - Mo

**14.**

INFORMANT Wm E. England  
 (Address) Clinton Mo

FILED May 3 1929 Dr. E. C. Peelor  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1929

17. I HEREBY CERTIFY, That I attended (deceased from April 27 to May 2 1929  
 and I last saw h. alive on May 1 1929, and that death occurred, on the date stated above, at 1010

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Inf. Pneumonia  
 1010 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Samuel A. Rogue, M. D.  
5/3/29 (Address) Clinton Mo.  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Beau Creek Cemetery May 3 1929

**20. UNDERTAKER**

**ADDRESS**

Spareyson Clinton

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.

PERMANENT RECORD

2 JUN 25 1929

