

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

Do not use this space.

29201

**1. PLACE OF DEATH**

County..... Registration District No. 1008  
 Township..... Primary Registration District No. ....  
 City..... (No. 4501), Warland Av St. .... Ward)

**2. FULL NAME** Porter E. Norton

(a) Residence. No. .... St. 19 Ward. Elsbury, Mo.  
 (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 (specify the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Norton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 5 1

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Troy  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Elias Norton  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 12. MAIDEN NAME OF MOTHER Lary McDonald  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Jessie Norton  
 (Address) Elsbury, Mo

15. FILED May 1 19 1929 Max C Starkeff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1929, to August 13, 1929 that I last saw him alive on August 12, 1929, and that death occurred, on the date stated above, at 4:25 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hypernephroma left Kidney  
Malignant  
 (duration) - yrs. 6 mos. - ds.  
 CONTRIBUTORY Toxemia and exhaustion  
 (SECONDARY) (gradual) (duration) - yrs. 1 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. Elsbury, Missouri  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) William H. Norton, M. D.

Aug 14, 1929 (Address) 1222 Missouri Bldg  
St. Louis, Mo.  
 \*State the DISEASE CAUSING DEATH, or if 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 Troy, Mo. DATE OF BURIAL Aug 15 19 29  
 20. UNDERTAKER Harch & Schmitt ADDRESS 3782 S. Grand

