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

Do not use this space.

Ile Mc Nul 40326

File No. .....

Registered No. 328

JAN 21 1931

1. PLACE OF DEATH

County: Pettis — Registration District No. 668

Township: ..... — Primary Registration District No. 8032

City: Sedalia (No. 118 E 10th St. ..... Ward)

2. FULL NAME: Jemima Norton

(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 10, 1849

7. AGE: Years 81 | Months 10 | Days 9 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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): Ohio

PARENTS

10. NAME OF FATHER: Wm Lawrence

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Pa.

12. MAIDEN NAME OF MOTHER: Catherine Zuver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Pa.

14. INFORMANT: Mrs Harvey Kerns
(Address): Sedalia Mo

15. FILED: 12-22-30, 19..... J. G. Love, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to Dec 19, 1930, that I last saw her alive on Dec 18, 1930, and that death occurred, on the date stated above, at 1:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
Age
1930
..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Myocarditis
Do not know
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not know
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) [illegible], M. D.
Dec 20, 1930 (Address) Sedalia 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: Crown Hill — DATE OF BURIAL: 12/21 1930

20. UNDERTAKER: Gillespie — ADDRESS: Sedalia

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.