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.

MAY 27 1931

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

Do not use this space.

15292

1. PLACE OF DEATH

86 County Putnam — Registration District No. 718 — File No.

4 Township Union — Primary Registration District No. 5947 — Registered No. 21

City Unionville (No. ..... St. ..... Ward)

2 2. FULL NAME John W. Norris

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1858

7. AGE: YEARS 72 — MONTHS 10 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Jan 1931

11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

FATHER

13. NAME Benjamin Norris 9

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

MOTHER

15. MAIDEN NAME Phebe Mercer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs John Noel, Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Church Cemetery DATE Apr 5 1931

19. UNDERTAKER (ADDRESS) Comstock Mercer Unionville Mo

20. FILED Apr 4 1931 J H Hahn Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1924, to Apr. 3, 1931

I last saw him alive on Apr 2, 1931. Death is said to have occurred on the date stated above, at 12:15 pm

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

	Date of onset
Cerebral Hemorrhage and Bulbar Paralysis (Sequel to general arteriosclerosis) 81A 82A 97	4/2/31

Other contributory causes of importance:

81 0

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical 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) Benjamin E Cobb, M. D.

(Address) Unionville Mo