

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

Do not use this space.

18058

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township 9th Primary Registration District No. 2002  
City Kansas City (No. Mercy Hospital)

File No. 2000  
Registered No. 2000  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jimmie R. Norris  
(a) Residence No. 12th Commerce St. Ward 10 Oklahoma  
(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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S.</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 29 - 27</u>				
7. AGE	YEARS <u>3</u>	MONTHS <u>6</u>	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Child</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Child</u> (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Commerce  
(STATE OR COUNTRY) Okl. 2

PARENTS	10. NAME OF FATHER <u>Riley Norris</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Okl</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Eva Jones</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>no record</u> (STATE OR COUNTRY)	

14. INFORMANT Ralla Norris  
(Address) Commerce, Okla

15. FILED 5/14 1931 M. M. Brown  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/13/31 1931  
17. I HEREBY CERTIFY, That I attended deceased from April 4 1931 to May 13 1931 that I last saw him alive on May 15 1931, and that death occurred, on the date stated above, at 10:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Measles  
79H  
11B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.  
CONTRIBUTORY Bronchopneumonia 2 days  
(SECONDARY) acute pulmonary edema  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? yes DATE OF 5-13-31  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? serological + physical  
(Signed) Sidney Parsons M. D.  
5/13. 1931 (Address) Mercy Hospital  
\*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 Commerce Okla DATE OF BURIAL May 16 1931  
20. UNDERTAKER Mrs. C. L. Foster ADDRESS N.E. 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.

