

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

Do not use this space.

40908

1. PLACE OF DEATH

County Jackson Registration District No. 359
Township Kauy Primary Registration District No. 1002
City Kansas City (No. ambassador Hotel) St. 5 Ward.

File No. _____
Registered No. 4896
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ambassador Hotel St. 5 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jas J. Norton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 1863</u>		
7. AGE <u>68</u> YEARS	<u>10</u> MONTHS	<u>unk</u> DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>W. Home</u>		
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)		11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo</u>		
13. NAME <u>Richard M. Knight</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Rose Biggins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Miss Rose Mary Lyons</u> (ADDRESS) <u>2761 Charlot</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys Cem</u> DATE <u>12-9</u> 19 <u>31</u>		
19. UNDERTAKER <u>W. Mayberry</u> (ADDRESS) <u>City</u>		
20. FILED <u>12/8</u> 19 <u>31</u> <u>M. M. Crowe</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1928 to Dec 5, 1931
I last saw her alive on Dec 5, 1931 Death is said to have occurred on the date stated above, at 10:30 PM
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Coronary Embolism
59
97B
102
Other contributory causes of importance: 59

Hypertension
Diabetes Mellitus

Name of operation _____ Date of _____
What test confirmed diagnosis? Cement Was there an autopsy? _____

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? _____
If so, specify Paul A. Gumpel (Signed) _____, M. D.
(Address) 934 Argyle Bldg.

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.

