

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

Do not use this space.

41840

1. PLACE OF DEATH

County Pike
Township Shenandoah
City Shenandoah (No. _____)

Registration District No. 686
Primary Registration District No. 5913

File No. _____
Registered No. 17 St. _____ Ward _____

FULL NAME

Richard Norris

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1864-July 26

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 9 10

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

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) Ills

13. NAME Richard Norris

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

15. MAIDEN NAME Do not know

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

17. INFORMANT (ADDRESS) Virginia Norris
Emeryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Air DATE Dec. 14 1931

19. UNDERTAKER (ADDRESS) W. J. Waters
Wanda, Mo

20. FILED 12-14-1931 Shenandoah
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1931, to Dec 10 1931

I last saw him alive on Dec 10 1931 Death is said

to have occurred on the date stated above, at 12:30 P.M.

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

Regurgitation of vitals
valve of the heart
92A
97

Other contributory causes of importance: 92A

Atherosclerosis

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1931

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) J. J. Photisell M. D.

(Address) Emeryville Mo

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.

