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

Do not use this space.

1064

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township North Campbell — Primary Registration District No. 5439 — Registered No. 100

City Springfield (No. Route 4 St. Ward)

2. FULL NAME Jala Norris

(a) Residence. No. Greene Co. T.B. Saw 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ?

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	36	?	?	

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) Ozark Co Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. Martin

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

12. MAIDEN NAME OF MOTHER ?

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

14. INFORMANT J. E. Gotschke
(Address) T.B. Nurse Court House

15. FILED 1/27/33, 1933. Ralph W Langston
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1930, to Jan 26, 1933 that I last saw her alive on Jan 25, 1933, and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
23A
141
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Delivery of premature infant 1-25-33
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Mercer Co. Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John W. Williams Jr., M. D
19 (Address) Springfield

*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	DATE OF BURIAL
Alms House Cemetary	1/27/33 19

20. UNDERTAKER	ADDRESS
Hunter Estes	Route 4

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.