

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.

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

Do not use this space.

39649

**JAN. 26 1934**  
35  
4

**PLACE OF DEATH**

County Dunklin  
Township Franklin  
City Franklin (No. \_\_\_\_\_)

Registration District No. 284  
Primary Registration District No. 4168

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. FULL NAME** Julia Ann Norton  
(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (*write the word*) Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mr. G. Norton  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 3-17-1861  
**7. AGE** YEARS 72 MONTHS 8 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Housewife  
**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)** 1932 **11. Total time (years) spent in this occupation** Life

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ark.

**13. NAME** X X Finkler

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ark.

**15. MAIDEN NAME** Pearson

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ill.

**17. INFORMANT** Robt Cochran  
(ADDRESS) Clarkton Mo

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE Prim City Ill DATE 12-16 1933

**19. UNDERTAKER** Tom Miller  
(ADDRESS) Clarkton Mo

**20. FILED** 12-16 1933 J. D. Steinmetz  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Dec 15<sup>th</sup> 1933

**22. I HEREBY CERTIFY**, That I attended deceased from 12-12 1933, to 12-15 1933  
I last saw her alive on 12-15 1933 Death is said to have occurred on the date stated above, at 8:25 p m.  
The principal cause of death and related causes of importance were as follows:

Colitis  
12-15-33 12-15-33  
Date of onset Dec 15<sup>th</sup>  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cholera 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?** No  
If so, specify \_\_\_\_\_  
(Signed) J. B. Steinmetz, M. D.  
(Address) Clarkton Mo

