

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

Do not use this space.

40147

1. PLACE OF DEATH

County Jackson
Township Franklin
City Manassas City (No. 27)

Registration District No. 389

Primary Registration District No. 1110

File No.

Registered No. 4952

St. Ward

2. FULL NAME

(a) Residence, No. 2708 Myrtle St., Ward.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Norton

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>34</u>			

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME L P Combs

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

15. MAIDEN NAME Lena Hartman

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

17. INFORMANT (ADDRESS) Frank Norton 2708 Myrtle

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop Mo. DATE Dec, 19 33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foust 918 Broadway, Ast.

20. FILED Dec 18 1933 M.M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933 to Dec 17, 1933

I last saw her alive on 12-15, 1933 Death is said

to have occurred on the date stated above, at 2402 m.

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

Rheumatic Heart Disease Date of onset 950

Mitral Failure 56

Other contributory causes of importance: MI

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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

(Signed) J H Jennett M. D.
(Address) 1212 Cornhill St

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.

JAN 20 1934

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1-2-33

Dr. Gachetta

Gent. Usp.