

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.

APR 25 1934

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

Do not use this space.

11688

1. PLACE OF DEATH
County Person Registration District No. 5911
Township _____ Primary Registration District No. 13-14
City Moundville (No. _____) St. _____ Ward _____

2. FULL NAME Anna Elizabeth 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 7 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year) Nov 1928 11. Total time (years) spent in this occupation Port Know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chambersburg Penn

MOTHER FATHER
13. NAME Samuel Piper Port Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Person
15. MAIDEN NAME Boraha Steward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Know. Penn

17. INFORMANT Dr. J. H. Berry
(ADDRESS) Moundville Mo

18. BURIAL, CREMATION, OR REMOVAL Belton Cemet DAY March 11 1934

19. UNDERTAKER Ferry Funeral Home
(ADDRESS) Nevada Mo

20. FILED 3-12- 1934 J. D. Bonds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1934 to 3-9-1934
I last saw her alive on 3-9-1934 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Bronchitis Date of onset 3 days
106th
Other contributory causes of importance: 196A

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 _____, 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. Hornback, M. D.
(Address) Nevada Mo

