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

Do not use this space.

20422

File No.
Registered No. 2588

1. PLACE OF DEATH
County JACKSON
Township KAW
City KANSAS CITY (No. ST. MARY'S HOSPITAL St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME MRS. MINNIE NORRIS

(a) Residence, No. St., Ward. HIAWATHA, KANSAS
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 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 CHARLES H. NORRIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG-19-1871

7. AGE: YEARS 62 | MONTHS 9 | DAYS 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) INDIANA

FATHER
13. NAME WALLACE WALFORD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MICHIGAN

MOTHER
15. MAIDEN NAME HARRIETT FILLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT MRS. MILDRED BRADSHAW
(ADDRESS) 1514 - BROADWAY

18. BURIAL, CREMATION, OR REMOVAL
PLACE HIAWATHA, KANS. DATE JUNE-12, 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 6/11, 1934 M. M. Greene Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934, to June 11, 1934
I last saw her alive on June 10, 1934. Death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of R Kidney with metastatic involvement of liver & lung	Said to be about 2 years

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Post Was there an autopsy? Yes

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) John Wilson M. D.
(Address) 517 S. Linwood Bldg. KC 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.

514 ~~Realty~~ Bldg 1115 Grand Ave