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.

AUG 11 1934

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

Do not use this space.

29995

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township Chillicothe — Primary Registration District No. 3026 — Registered No. 109
City ... (No. ..., ... St. ... Ward)

2. FULL NAME Samuel L. Norris
(a) Residence, No. 420 Custer St., 3 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1922
7. AGE: YEARS 12 — MONTHS 1 — DAYS 25 — 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) Chillicothe Mo

FATHER
13. NAME Chas F. Norris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muncie Co Mo

MOTHER
15. MAIDEN NAME Maggie Knickerbocker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

17. INFORMANT (ADDRESS) C. F. Norris Chillicothe Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Utica Mo DATE 8-8 1934
19. UNDERTAKER (ADDRESS) F. B. Norman Chillicothe Mo
20. FILED Aug 7 1934 Donald M. Daniel Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Did not attend 19 Deceased, 19
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |
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Other contributory causes of importance:

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? Accident Date of injury Aug 7, 1934
Where did injury occur? Livingston County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Grand River
Manner of injury Drowned
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. Collier Coroner Livingston Co.
(Address) Chillicothe Mo

100M 1-24-33

#2 Livingston

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Samuel L. Morris

Who died at _____ on Aug - 7 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, ~~married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 12 Months 1 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Drowning while in wading.

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Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 7, 1934

Where did injury occur? Livingston Co. Mo.
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place (Grand River)

Manner of injury Drowned

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

Name of physician A. Collier Coroner Livingston Co. Mo.

Address of physician Chillicothe Mo.

Signature of Registrar Donald M. Dawell, M.D. Date filed 8/1/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 508

Primary Reg. Dist. No. 3026

E. T. McGaugh, M.D.
Special Agent.

S-29995