

APR 9 1935

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

Do not use this space.

7615

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **City Hospital**)File No. **2209**Registered No. **2209**

St.

Ward)

2. FULL NAME

(a) Residence, No. **3219 Russett St.**

(Usual place of abode)

17 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

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)

Aug - 26 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

51**6****8**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Meter Reader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

City of St. Louis

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)

Missouri

FATHER

13. NAME

Joseph M. Norton

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

Missouri

MOTHER

15. MAIDEN NAME

Elizabeth Mangas

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

Missouri

17. INFORMANT (ADDRESS)

Mrs Joseph J. Norton 3219 Russett

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Culinary

DATE

2-6193**3**

19. UNDERTAKER (ADDRESS)

Peets Bros. 3029 1/2 Lafayette

20. FILED

APR - 7 1935 19**J. A. Brebeck**

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2-619**35**

22. I HEREBY CERTIFY, That I attended deceased from

, 19**35**, to, 19**35**

I last saw him alive on

1/15, 19**35**

Death is said

to have occurred on the date stated above, at

1/15 m.

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

Spinal cord lesion of brain traumatic following fall to concrete walk in yard at residence

Date of onset

Other contributory causes of importance:

we 1/86**13**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

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

Accident, suicide, or homicide? **Accident** Date of injury **2/25/1935**Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **fall**Nature of injury **fall**24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify.....

(Signed)

(Address)

M. D.

3/1/35

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.

