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

DEC 18 1935

Do not use this space.

35854

1. PLACE OF DEATH

County Harrison — Registration District No. 334 — File No.

Township — Primary Registration District No. 4197 — Registered No. 403

City Bethany (No. ..... St. ..... Ward)

2. FULL NAME Oscar Norton

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/2/1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	3	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer & Autioneer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado

PARENTS

10. NAME OF FATHER Wm. Norton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illnois

12. MAIDEN NAME OF MOTHER Nancy Sandlin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Tessie Norton (Address) Mt. Moriah, Mo

15. FILED Nov 27 1935 A. L. Wersher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 22 1935

17. I HEREBY CERTIFY, That I attended deceased from 11-22, 1935, to 11-22, 1935 that I last saw him alive on 11-22, 1935, and that death occurred, on the date stated above, at 9 20/PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myelogenous leukemia

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood examination

(Signed) W. L. Bryler, M. D.

11-23, 1935 (Address) Bethany Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah Mo — DATE OF BURIAL 11/24 1935

20. UNDERTAKER Mr Chambers — ADDRESS Mt. Moriah 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.