

APR 17 1936

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

Do not use this space.

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1. PLACE OF DEATH

County FranklinRegistration District No. 294Township PrariePrimary Registration District No. 5418City Lacebell Mo (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mary Kathryn Norden(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 1, 1928		
7. AGE YEARS 7	MONTHS 9	DAYS 6
		If LESS than 1 day, _____ hrs. or _____ min.
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.	
	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) Franklin County, Mo.		
FATHER	13. NAME Fred Norden	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co., Mo.	
MOTHER	15. MAIDEN NAME Lillie Wells	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Mo.	
17. INFORMANT Lillie Norden (ADDRESS) Franklin County, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE Mar. 9, 19 36		
19. UNDERTAKER Wm. Casey (ADDRESS) St. Clair, Mo.		
20. FILED Mar. 10, 1936 W. H. Dickworth Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 7, 1936**22. I HEREBY CERTIFY, That I attended deceased **on**
March 7, 1936, to _____, 19____.I last saw her alive on **March 7, 1936** Death is said to have occurred on the date stated above, at _____ m.

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

accidental burns Date of onset **Mar 7/36**
4/5 of Body Surface

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 **Mar 7, 1936**Where did injury occur? **Home yard**
(Specify city or town, county, and State)

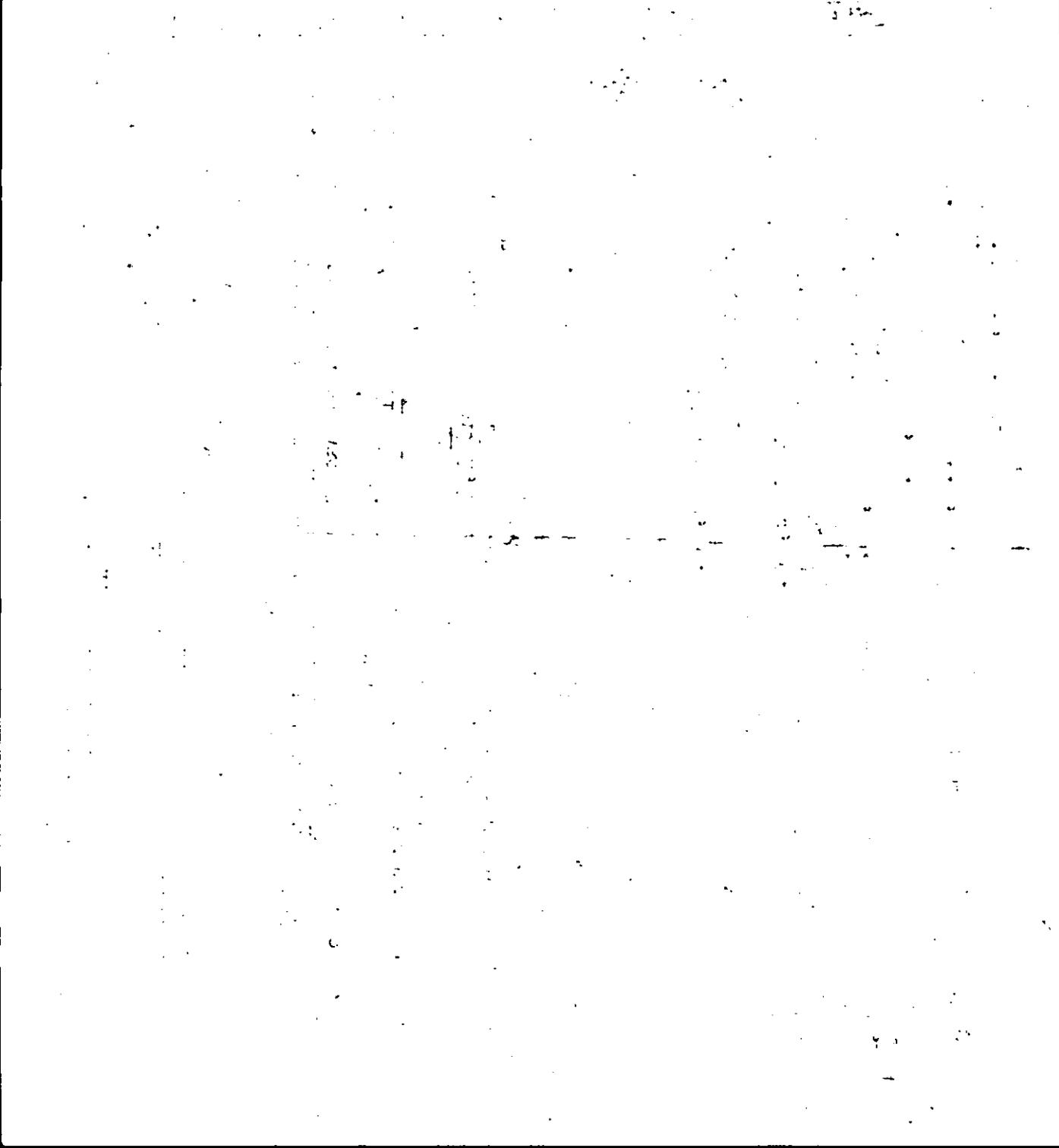
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **at home**Nature of injury **Burns 4/5 body surface**24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

(Signed) **C. F. Briegleb**, M. D.(Address) **St. Clair, 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.



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1. PLACE OF DEATH

County Franklin

Registration District No. 294

File No.

Township Prarie

Primary Registration District No. 2418

Registered No.

City (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. Mary Kathryn Gorden St. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from

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

19... to ... 19... I last saw h. alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 7 9 6

The principal cause of death and related causes of importance were as follows:
accidental burns
4 1/2 of body surface

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. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Dress caught on fire
while burning dead
grass in yard.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Mar. 10, 1936 W. Duckworth Registrar

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) C. F. Briegleb, M. D. (Address) St. Clair mo

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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