

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.

MAY 19 1936

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

Do not use this space.

15377

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City, Mo. (No. New Troy)

File No.
Registered No. 2095 St. Ward)

2. FULL NAME Norma Lee Paine

(a) Residence, No. 1110 Penn St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 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) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1933
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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) Kansas City, Missouri
(STATE OR COUNTRY)

13. NAME Donald Shaw
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Charlotte Paine
16. BIRTHPLACE (CITY OR TOWN) Bloomfield Missouri
(STATE OR COUNTRY)

17. INFORMANT Charlotte Paine
(ADDRESS) 1110 Penn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill Cem. DATE April 20, 1936

19. UNDERTAKER Simmons & Son
(ADDRESS) Kansas City, Kansas

20. FILED Apr 20 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/36
22. I HEREBY CERTIFY that I attended deceased from 19, 19....
I last saw him alive on 4/30, 19.... 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:
second degree burns of trunk and legs
Date of onset

Other contributory causes of importance:
18

Name of operation Date of operation
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in all the following: Accident, suicide, or homicide. Date of injury 4/11/36
Where did injury occur? 1320 Broadway New
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury falling from fire while playing with matches
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [Signature], M. D.
(Address) [Address]

