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.

JAN 27 1937

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

Do not use this space.

47427

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No. 79

Township — Primary Registration District No. 3039 — Registered No. 356

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Virginia Sue Norris

(a) Residence, No. 60 X S Spring St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1927

7. AGE — YEARS 9 — MONTHS 10 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Nevada Missouri

FATHER

13. NAME Fred Norris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Missouri

MOTHER

15. MAIDEN NAME Myrtle Brakaman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Spring Wyoming

17. INFORMANT (ADDRESS) Mr Fred Norris Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Moore Cemet DATE Dec 16 1936

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo

20. FILED Dec 14 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-14-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 14, 1936

I last saw her alive on Dec 14, 1936. Death is said to have occurred on the date stated above, 2 45 m.

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

Acute pancreatitis

Date of onset

Other contributory causes of importance:

Pyelitis and acidosis

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? ..... 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? No

If so, specify .....

(Signed) F. A. Martin, M. D.

(Address) Nevada, Mo

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