

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.

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

11 County Duchaux

5 Township

9 City St Joseph (No. 1003 1/2 No 10)

Registration District No.

Primary Registration District No. 1001

File No. 19537

Registered No. 629

2 St.

Ward

2. FULL NAME Ed A. Norman

(a) Residence, No. 1003 1/2 No 10 St. 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos.

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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 - 1877

7. AGE YEARS 59 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St Joseph  
10. Date deceased last worked at this occupation (month and year) 5-1-34 11. Total time (years) spent in this occupation 3

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

13. NAME Benjamin Norman

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

15. MAIDEN NAME Wendy Grant

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

17. INFORMANT (ADDRESS) Sarah Norman  
12003 1/2 No 10

18. BURIAL, CREMATION, OR REMOVAL PLACE Arkland Cem DATE 5/29/37

19. UNDERTAKER (ADDRESS) Berry - Wylie & H.  
St Joseph Mo

20. FILED 5/29 1937 J. H. Neathus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18 1937, to May 26 1937

I last saw him alive on May 26 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? Chival 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) Chas. Hayscott D.C. M. D.

(Address) 2427 St Joseph Ave

