

Jan 10 1939  
1939 APR 10 1939

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

10007  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Boone Registration District No. 23  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3006 Registered No. 55  
 (c) City Columbia (d) Street No. 707 Gandy St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH FRANCES NORVELL  
 (a) Residence, No. 707 Gandy St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1869

7. AGE YEARS 69 MONTHS 11 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as 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) Missouri

13. NAME A. R. Stephens

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

15. MAIDEN NAME Harriett Frances Burch

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

17. INFORMANT (ADDRESS) John Norvell  
Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boone Semme DATE 3-5-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parkers  
Columbia Mo

20. FILED 3/6/1939 Allie Selby  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4<sup>th</sup> 1939 to Feb 24<sup>th</sup> 1939  
 I last saw her alive on Feb 24<sup>th</sup> 1939 Death is said to have occurred on the date stated above, at 12:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia (Broncho) Date of onset \_\_\_\_\_  
Influenza \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Lloyd Simpson, M. D.  
 (Address) Columbia Mo

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. NO. 2  
50M-P-10-36  
I X18603

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, only.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed M. S. Philander.....

Licensed Embalmer No. 3893.....

P. O. Address Columbus mo.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**