

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

4112
Do not use this space.

1. PLACE OF DEATH JAN 27 1940

(a) County Vernon Registration District No. 878
 (b) Township Dover Primary Registration District No. 6166 Registered No. 3
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Mrs. D. NORRIS
 (a) Residence, No. Sheldon mo R 70 # 9 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) March 23-1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>14</u>	<u>10</u>	<u>3</u>	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. at Home

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) Beliamy Vernon Co. Mo

FATHER

13. NAME Oren Norris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beliamy Vernon Co Mo

MOTHER

15. MAIDEN NAME Anna Mand McClung

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milledge Dupont Co Mo

17. INFORMANT (ADDRESS) Oren Norris Sheldon mo R # 9

18. BURIAL, CREMATION, OR REMOVAL PLACE State Branch DATE Jan-28-1940

19. FUNERAL DIRECTOR (ADDRESS) G. B. Beery & Sons Sheldon mo

20. FILED Jan 27 1940 Carroll T. Beery Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 26 1940 to Jan 1 1940
 I last saw him alive on Jan 1 1940 Death is said to have occurred on the date stated above, at 9:38 m.

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

Spina Bifida Congenital
Septicemia
Ascending pyelonephritis
 Date of onset Dec 19, 1935

Other contributory causes of importance: _____

Bilateral talipes equinovarus
congenital

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

Was death due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Thomas G. Duncen
792 (Address) Sheldon, 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.

RECEIVED

District Health Officer No. 7,

District File Number 2-40-251

Date Filed 2-13-40

STATEMENT BY LICENSED EMBALMER

I, Carroll T Berry, Licensed Embalmer No. 2385
hereby certify that the body recorded on the reverse side of this certificate was embalmed by was not embalmed

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Carroll T Berry
Licensed Embalmer No. 2385

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.)