

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

7243

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 316
(b) Township Wheeling Primary Registration District No. 368
(c) City Wheeling (d) Street No. _____ Registered No. 12
(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 Anna Belle Norton

(a) Residence, No. _____ 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 Adelbert Norton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 25
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. Seamstress
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Linn Co.
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Gillispie

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

MOTHER 15. MAIDEN NAME Nancy Gillispie

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

17. INFANT (ADDRESS) Harry Norton

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling DATE Feb. 11 1940

19. FUNERAL DIRECTOR (ADDRESS) Smiley Funeral Home
Wheeling, Mo.

20. FILED 2/12 1940 Wm. J. Gillispie
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9th 1940

22. I HEREBY CERTIFY, That I attended deceased from January 29th, 1940 to Feb. 9th, 1940

I last saw her alive on February 9, 1940 Death is said to have occurred on the date stated above, at 1:58 P.M.

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

Lobar Pneumonia,
Myocardial Failure.

Date of onset

Other contributory causes of importance: 105

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 D. F. Youll, D.O.

(Signed) Wm. J. Gillispie (Address) Wheeling, Mo.

Deputy (Licensed Embalmer's Statement on Reverse Side)

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.

MARGIN RESERVED FOR BINDING
U. S. GOV. 7-20-37
1 X1204

RECEIVED

District Health Officer No. 11,

District File Number 340-319

Date Filed MAR 12 1940

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Frank L. Smiley

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

Signed Frank L. Smiley
Licensed Embalmer No. 470

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.)