1 PLACE OF DEATH
STATE OF TEXAS

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Registrar's No. 1474 154

COUNTY OF Dallas

CITY OR PRECINCT NO. Dallas No. Parkland Street Hospital

If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred ....yrs. ....mos. 26 days ....? How long in U. S. if foreign born? ....yrs. ....mos. ....days

2 FULL NAME OF DECEASED Emmett Norwood

Residence: No. .... Street .... R.#1, Mesquite Dr

If non-residence give city, or town and state.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Norwood

6. DATE OF BIRTH (month, day, and year) Aug 27, 1853

7. AGE				If LESS than 1 day, ...hrs. or ....min.
79 Years	4 Months	18 Days		

OCCUPATION

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

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) 1931

11. Total time (years) spent in this occupation 50

2. BIRTHPLACE (city or town) (State or country) Brookville Miss

FATHER

13. NAME John Norwood

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME — Grey

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Brodie Norwood

(Address) Mesquite Dr

18. BURIAL, CREMATION, OR REMOVAL

Place Mesquite Dr Date 1/15, 1933

19. UNDERTAKER Parchase Jones (Hdw)

(Address) Mesquite Dr

20. FILE DATE AND SIGNATURE OF REGISTRAR

Jan 14 1933 Birdie Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1932, to 1-14, 1933

I last saw ~~him~~ alive on 1-14, 1933; death is said to have occurred on the date stated above, at 5:25 A. m.

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

	Date of onset
Uraemia, Toxaemia	?

Other **contributory causes** of importance:

Name of operation Prostatectomy date of 1-3-33

What test confirmed diagnosis? Clinical 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? ....

If so, specify ....

(Signed) [illegible] M. D.

(Address) Parchase Jones

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