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STATE OF MISSOURI } ss
CITY OF JEFFERSON }

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

Garland H Land

Garland H. Land
State Registrar of Vital Statistics

JUN 04 2001

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER
124 74 015094

VS 300
Rev. 11/72
FILED
JUL 30 1974

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **191**

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Robert E. (Robbie) NORWOOD								2. Male	3. June 27, 1974	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 83		5b. MOS. DAYS		5c. HOURS MIN.		6. Jan. 15, 1891		7a. Dunklin
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. Kennett		7c. yes		7d. Dunklin County Memorial Hospital						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Tennessee		9. U.S.A.		10. Widowed		11. none				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
17. RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP	STREET AND NUMBER	
14a. Missouri Dunklin		14c. Kennett		14d. yes		14e. Indp.		14f. Rt. 3		
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		
15. William W. Norwood								16. Florence Boyd		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
17a. Paul Norwood		17b. Union City, Tenn.								
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]										
18. IMMEDIATE CAUSE								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) Peritonitis								24 hours		
(b) Ruptured gastric ulcer										
(c)										
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATED IN UNDERLYING CAUSE LAST										
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)										
Arteriosclerotic heart disease @ decomposition										
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		AUTOPSY (YES OR NO)		
20a.		20b.		20c.		20d.		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		20e.		20f. YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		
20a.		20c.		20g.		20d.		20f.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21a. 6 25-70		21b. June 29, 74		21c. 6-27-74		21d. did not		21e.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.										
22a. CERTIFIER—NAME (TYPE OF P.S.D.)		NO. LICENSE NO.		SIGNATURE		TITLE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. C. R. FECK		23b. 23006		23c. Charles R. Feck		23d. 7-26-74		23e.		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
23a.		23b.		23c.		23d.		23e.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION (CITY OR TOWN, STATE, ZIP)						
74a. Removal		74b. Oak Grove		74c. Buena Vista, Tennessee						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP						
74d. June 27, 1974		74e. Dilday Funeral Home, Huntingdon, Tennessee		74f.						
FUNERAL DIRECTOR—SIGNATURE		REG. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
75a. Bruce D. Carter		75b.		75c. Dennis K. O'Neil		75d. 7-26-1974				

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL