

SEP 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30191

1. PLACE OF DEATH
County Carroll Registration District No. 134
Township ~~Pidge~~ Primary Registration District No. 4075
City Bosworth (No. _____) St. _____ Ward _____

2. FULL NAME James Thomas Noble
(a) Residence (No. _____) St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 157
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Noble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1856

| | | | | |
|--------|-----------|----------|----------|----------------------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>80</u> | <u>4</u> | <u>3</u> | |

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill

MOTHER FATHER

13. NAME William Noble

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

15. MAIDEN NAME Martha Spivy

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

17. INFORMANT Jennie Noble
(ADDRESS) Bosworth Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wharton DATE Aug 14 1936

19. UNDERTAKER David J. Edwards
(ADDRESS) Bosworth Mo

20. FILED Aug 13 1936 Mrs. Bos Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jul 1936, to Aug 12 1936
Last saw him alive on Aug 12 1936 Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Date of onset _____

Other contributory causes of importance:
Myocarditis with Paralysis left half complete Retention Urine

Name of operation _____ Date of _____
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? No
If so, specify _____
(Signed) W. B. Brown, M. D.
(Address) Bosworth 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.

