

MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carroll Registration District No. 135  
Township Eugene Primary Registration District No. 40.80  
City Wakenada (No. 2) St.            Ward           

File No. 5369  
Registered No. 9

2. FULL NAME

Margaret J Noble  
(a) Residence, No.            St.            Ward.             
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J R Noble</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1859</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>6</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936 to Feb 6, 1937  
I last saw h. alive on Feb 6, 1937 Death is said to have occurred on the date stated above, at 2:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis  
Date of onset           

Other contributory causes of importance: 31

Name of operation            Date of             
What test confirmed diagnosis? Blood 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) A. B. Best Brown M. D.  
(Address) Boonworth, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Tom West</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Marisa Wilson</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT (ADDRESS) <u>Earl Nobles</u> <u>Wakenada, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harden, Mo.</u> DATE <u>Feb. 8, 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Stanley Carroll</u> <u>Carrollton, Mo.</u>	
20. FILED <u>2-8</u> , 1937 <u>Auth Hacking</u> Registrar.	

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.

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