

DEC'D FEB 21 1939

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

## 1. PLACE OF DEATH

 County Carroll  
 Township De Witt  
 City De Witt (No. 1405)

 Registration District No. 136  
 Primary Registration District No. 5194

 File No. 1912  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

HANNON JOLENE 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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-24-1938</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>0</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>De Witt Mo</u>		
FATHER	13. NAME <u>Harold H. Noble</u>	1
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forrest Sawa</u>	0
MOTHER	15. MAIDEN NAME <u>Helen Fisher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ladonia Mo.</u>	
17. INFORMANT <u>J. H. Noble</u> (ADDRESS) <u>De Witt Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>De Witt Mo</u> DATE <u>Feb-2</u> 19 <u>39</u>		
19. UNDERTAKER <u>L. M. ...</u> (ADDRESS) <u>De Witt Mo</u>		
20. FILED <u>Feb 1</u> 19 <u>39</u> <u>Alta Henderson</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 31</u> 19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 26</u> 19 <u>39</u> , to <u>Jan 31</u> 19 <u>39</u> . Last saw h. or alive on <u>Jan 30th</u> 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>6:25 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Broncho-pneumonia</u> 1/24/39 <u>Influenza</u> Other contributory causes of importance: _____ Date of onset <u>1/24/39</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify _____ (Signed) <u>H. A. Saults</u> _____, M. D. <u>De Witt Mo</u> 131 (Address) _____

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2/7/39