

OCT 18 1935

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

Do not use this space.

28942

1. PLACE OF DEATH

County Carroll Registration District No. 134
Township Rudolph Primary Registration District No. 286
City Bosworth (No. 4075) St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</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>Martha Noble</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 28 - 1852</u>				
7. AGE	YEARS <u>82 yr</u>	MONTHS <u>10</u>	DAYS <u>11</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>Retired Farmer</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>				
FATHER	13. NAME <u>Wm Henry Noble</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>			
MOTHER	15. MAIDEN NAME <u>Martha Wright</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>			
17. INFORMANT <u>Leta Dodel</u> (ADDRESS) <u>Bosworth Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>Sept 3</u> 19 <u>35</u>				
19. UNDERTAKER <u>David J Edwards</u> (ADDRESS) <u>Bosworth Mo</u>				
20. FILED <u>Sept 2</u> 19 <u>35</u> <u>Mrs. Ross Brown</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Sept 1 1935
I last saw him alive on Sept 1 1935 Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:
Parenchymatous nephritis Date of onset _____
Chronic

Other contributory causes of importance: 131

Name of operation _____ Date of _____
What test confirmed diagnosis? Uremia 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) Atty Ross 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.

