

PLACE OF DEATH

County HarrisonMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Township _____

Registration District No. 334File No. 17559

or Village _____

Primary Registration District No. 4194

Registered No. _____

or City Bethany (NO. _____ St.: _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Robert Fulton Noah

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

male

COLOR OR RACE

whiteSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)married

DATE OF DEATH

May 18, 1911
(Month) (Day) (Year)

DATE OF BIRTH

Jan. 20, 1840
(Month) (Day) (Year)

AGE

71 yrs. 3 mos. 28 ds.
If LESS than
1 day, ___ hrs.
or ___ min.?I HEREBY CERTIFY, that I attended deceased from May 8, 1911, to May 18, 1911, that I last saw him alive on May 18, 1911, and that death occurred, on the date stated above, at 10 P. M.The CAUSE OF DEATH[†] was as follows:Arterio Sclerosis Stenosis9VA
94h
152
109Contributory Neuralgia of Heart
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.(Signed) A. A. Benson M. D.(Address) Bethany Mo

*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

Antioch Cemetery, Harlan

DATE OF BURIAL

May 21, 1911

UNDERTAKER

S. M. Prater

ADDRESS

Bethany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. J. Noah(ADDRESS) Bethany MoFiled May 20, 1911L. J. Noah
REGISTRAR

REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

