OCT 27 1927

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

27926

1. PLACE OF DEATH

County Nodaway — Registration District No. 623 — File No.

Township Washington — Primary Registration District No. 5825 — Registered No. 4

City ~~Guilford~~ (No. ..... St. ..... Ward)

2. FULL NAME Madison Columbus Noland

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)
(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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6 1853

7. AGE: Years 74 — Months 6 — Days 0. — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hotel Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Agency
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER James Noland
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Jackson Co. Mo.
12. MAIDEN NAME OF MOTHER Clancy Harnois
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

14. INFORMANT Chas M. Noland
(Address) Guilford Mo

15. FILED Sept 27 1927 J. M. McClanahan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 5, 1927, that I last saw him alive on Sept 5, 1927, and that death occurred, on the date stated above, at 4 P.M. 131

THE CAUSE OF DEATH* WAS AS FOLLOWS: 137
Chronic Nephritis in association with Prostatic disease
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

1/29a

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jas A Larrabee M.D.
, 19 (Address) Tarnard Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bolckow, Mo. — DATE OF BURIAL: Sept 8 1927

20. UNDERTAKER: James Cann — ADDRESS: Bolckow Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

LOCAL REGISTRAR'S REPORT — DO NOT

MISSOURI STATE BOARD OF HEAL

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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Township..... Primary Registration District No.....

City..... (No.....,

2. FULL NAME.....

(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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or .....min.

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(a) Trade, profession, or particular kind of work.....

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9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14.
INFORMANT .....
(Address)

15.
FILED..... 19..... .....
REGISTRAR

MEDICAL

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