WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30481

1. PLACE OF DEATH

County: Jackson — Registration District No. ..... — File No. 8

Township: Kaw — Primary Registration District No. ..... — Registered No. .....

City: Kansas City (No. 3417 Wayne St. ..... Ward)

2. FULL NAME Mrs Ella Mae Noble

(a) Residence. No. 3417 Wayne St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4-1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	10	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: formally clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Millinery Dept. Jones Dry Goods Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mercier Co.
(STATE OR COUNTRY) Millgrove Mo.

PARENTS

10. NAME OF FATHER Taylor Fitzpatrick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) think Grundy Co.
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Junie Thomas.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) think Mercier
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Chas Colyer
(Address) 3417 Wayne ave

15. FILED 10-22 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1927.

17. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1927, to Oct 21st, 1928 that I last saw her alive on Oct 20th, 1928, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary
Tuberculosis
[illegible]
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. L. Ray, M. D
10-22-1927 (Address) 321 Altman Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Forest Hill Cemetery	Oct 22 1927.
20. UNDERTAKER	**ADDRESS**
Eylar Bros	1800 Linwood

P. Harr 1488 Dr W. L. Ray. 321 Rialto Bldg.