

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

Do not use this space.

33375

1928

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence Mo (No. 205 West Snyder) St. _____ Ward _____

File No. _____
 Registered No. 286 St. _____ Ward _____

2. FULL NAME

(a) Residence 305 W. Snyder St. 4 Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. mos. _____ da. How long in U.S., if of foreign birth? yrs. mos. _____ da.

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 Mattie A. Noland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1840

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,** _____ hrs. or _____ min.
87 3 27

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

9. BIRTHPLACE (CITY OR TOWN) Independence
 (STATE OR COUNTRY) Jackson County Mo

10. NAME OF FATHER W. W. Noland

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

12. MAIDEN NAME OF MOTHER Mary A. Braden

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

14. INFORMANT Mattie A. Noland
 (Address) Independence Mo

15. FILED Nov 13 1927 J. S. Cook
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8th 1927

17. I HEREBY CERTIFY That I attended deceased from Nov. 3, 1927, to Nov. 8th, 1927 that I last saw him alive on 8th, 1927, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage

82A (duration) yrs. mos. 7 da.
CONTRIBUTORY (SECONDARY) 74 W (duration) yrs. mos. da.

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) T. J. Allen, M. D.

11-12-1927 Address Independence Mo

*State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, such as (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Noland Cemetery **DATE OF BURIAL** Nov 11, 1927

20. UNDERTAKER Oct Adair **ADDRESS** Quil 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.

THIS IS A PERMANENT RECORD

