

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

Do not use this space.

52

FEB 18 1928

1. PLACE OF DEATH

County Atchinson Registration District No. 22
 Township Lincoln Primary Registration District No. 14016
 City Westboro (No.) St. Ward)

2. FULL NAME Robert Taylor Noe

(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 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 Minta Noe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Carrier
 (b) General nature of industry, business, or establishment in which employed (or employer) in rural district distributing mail
 (c) Name of employer Government

9. BIRTHPLACE (CITY OR TOWN) Marshtown,
 (STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER Joseph Noe
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 12. MAIDEN NAME OF MOTHER Sarah, K. Davis
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs. Minta Noe
 (Address) Westboro, Missouri

15. FILED Jan 21 1928 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct-21, 1927, to Jan 19, 1928, that I last saw him alive on Jan 4, 1928, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the brain

530 4-9
About four (duration) 5 yrs. mos. ds.
as we can judge
 CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 20, 1927
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? [Signature] M. D.
 (Signed) [Signature], 19 (Address) Westboro 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Center Grove DATE OF BURIAL Jan. 21 1928

20. UNDERTAKER Scott Tucker ADDRESS Westboro Missouri

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.

