

FEB 21 1928

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

Do not use this space.

940

**1. PLACE OF DEATH**County JacksonRegistration District No. 398Township BluePrimary Registration District No. 3019City Independence (No. ....)

File No. ....

Registered No. 39

St. .... Ward)

**2. FULL NAME**Mrs. Emma Brown Noland(a) Residence. No. 205 S Spring St.,

Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 1 mos. 0 ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**Female**4. COLOR OR RACE**white**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Widow**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**John Noland**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Jan 11-1860**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.68-16**8. OCCUPATION OF DECEASED**

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

Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

11

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**Tennessee

(STATE OR COUNTRY)

**PARENTS****10. NAME OF FATHER**Geo W. Brown**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**Nashville

(STATE OR COUNTRY)

Tennessee**12. MAIDEN NAME OF MOTHER**Sallie Brezending**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**Tennessee

(STATE OR COUNTRY)

**14. INFORMANT**Mr. Herschell Alfley

(Address)

Independence, Mo.**15. FILED**Jan 29 1927J. L. Cook

REGISTRAR

3**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**1-27 1928**17.**

I HEREBY CERTIFY, That I attended deceased from 1-19 1928 to 1-27 1928, 19 28 that I last saw him alive on 1-28, 19 28, and that death occurred, on the date stated above, at 1:30 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**
186A  
194B  
59
**CONTRIBUTORY (SECONDARY)**
Injury, falling down  
stairs  
 (duration) 6 ds.
**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Kinsman

M. D.

(Address) Independence, 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****DATE OF BURIAL**Blue Springs Mo.Jan 29 1928**20. UNDERTAKER****ADDRESS**
O. J. Mitchell  
Ind. Mo.

