

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

Do not use this space.

27724

**1. PLACE OF DEATH**

County Laclede Registration District No. 952  
Township Franklin Primary Registration District No. 5617  
City Orla (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME** Ruben Noble

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 2 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 4 5

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Stephen Noble

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

12. MAIDEN NAME OF MOTHER Malinda Dodson

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

14. INFORMANT Mrs. Ruth Noble  
(Address) Orla Mo.

15. FILED July 28 1928 220 State St. REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7-1928 19

17. I HEREBY CERTIFY That I attended deceased from June 6, 1928, to Aug 6, 1928  
that I last saw h. see alive on Aug 6, 1928, and that death occurred, on the date stated above, at 9 A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Interstitial nephritis

CONTRIBUTORY (SECONDARY) 1290  
(duration) yrs. 6 mos. ds.  
(date) 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? Urinalysis  
(Signed) P. Thompson, M. D.  
, 19 (Address) Lebanon 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 BcBride Cemetary DATE OF BURIAL 8-8-28 19

20. UNDERTAKER Palmer ADDRESS Lebanon

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.

AUG 27 1928

