FEB 2 1929

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

Do not use this space.

998

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 9

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Martin J. Noelker

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

Length of residence in city or town where death occurred 5 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)
Male	White	Widowed

5a. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~OR DIVORCED~~ Elizabeth Averbeck Noekker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	5	17	

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) Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER David Noelker

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

12. MAIDEN NAME OF MOTHER Sophia Dransmann

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

14. INFORMANT Francis M. Noelker (Address) Washington, Mo.

15. FILED Jan 30 1929 O. L. Muench REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1928, to Jan. 17, 1929 that I last saw him alive on Jan. 15, 1929, and that death occurred, on the date stated above, at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

131

97 1290

(duration) 1 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. 2 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) B. Esmankoff, M. D

1/19/1929 (Address) Washington, 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 Catholic Cemetery, Washington, Mo. — DATE OF BURIAL 1/21 1929

20. UNDERTAKER Otto & Co. — ADDRESS Washington, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD