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

Do not use this space.

7637

1. PLACE OF DEATH
County Putnam — Registration District No. 718 — File No.
Township — Primary Registration District No. 6430 — Registered No. 10
City Unionville (No. ..... St. ..... Ward)

2. FULL NAME William T. Noel
(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Ellen Noel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 4 1841

7. AGE: Years 87 — Months 5 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: David Noel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Landers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Minnie Noel Scott
(Address) Unionville Mo

15. FILED 2-25 1929 J. H. Johnson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-24-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1928, to Feb. 24, 1929, that I last saw him alive on Feb. 20, 1929, and that death occurred, on the date stated above, at 7:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-Sclerosis

97

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 718

(duration) 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?
(Signed) [illegible], M. D
Feb 25, 1929 (Address) Unionville 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: Unionville Mo — DATE OF BURIAL: Feb. 25 1929

20. UNDERTAKER: F. O. Husted & Son — ADDRESS: Unionville Mo

WRITE PLAINLY, WITH UNFADING INK

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.

MAR 25 1929

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