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

Do not use this space.

7963

**1. PLACE OF DEATH**

County Richmond Hts, Mo. Registration District No. 1170

Township Central Primary Registration District No. 6248 H

City St Louis County (No. St Mary Chif. St. Ward)

File No.

Registered No. 48

**2. FULL NAME** Abe James Noblitt

(a) Residence. No. Lasalle Ills 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): Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25th 1895

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 33 | 8 | 16 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: City Editor

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

(c) Name of employer: "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eagle Ind.

PARENTS

10. NAME OF FATHER: John B. Noblitt

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

12. MAIDEN NAME OF MOTHER: Mary Halliday

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

14. INFORMANT: C. J. Noblitt
(Address) 3515 N. 20th St.

15. FILED 2/12, 1929 C. L. Jensen REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1929, to Feb 10th, 1929 that I last saw h. 1 m. alive on Feb 10th, 1929, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Nephritis c
1323 Hypertension
102 (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. 8 hrs. 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? Ordinary tests

(Signed) Alphonse McMahon, M. D.

, 19 (Address) 2 Johnson Cl Bldg

*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: Flora Ills

DATE OF BURIAL: Feb 13 1929

20. UNDERTAKER: Hauck & Schmitt

ADDRESS: 3732 S Grand

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

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 27 1929

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Ordinary Tests

McMahan

Mrs Jensen
1511 Bellevue av.
Richmond Ill.