

JUN 27 1929

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

Do not use this space.

18989

1. PLACE OF DEATH
 County Pettis Registration District No. 664
 Township Green Ridge Primary Registration District No. 4399
 City Green Ridge (No.) St. Ward)

2. FULL NAME Virginia Connelia Noyl
 (a) Residence. No. Lined in Pettis County 734 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 17

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

9. BIRTHPLACE (CITY OR TOWN) Keon Bellfontain
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Benjamin F. Meloin

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

12. MAIDEN NAME OF MOTHER Isabelle Coaknell

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

14. INFORMANT F. E. Ream
(Address) Green Ridge

15. FILED May 24 1929 G. B. Shelby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1929 to May 23, 1929 that I last saw her alive on May 23, 1929, and that death occurred, on the date stated above, at 8:01 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular disease of heart
92 R

(duration) not know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) TON
(duration) yrs. mos. ds.

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

18 DID AN OPERATION PRECEDE DEATH? DATE OF.....

18 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. A. Tate, M. D.

5/24 . 1929 (Address) Green Ridge, 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 Green Ridge Cem DATE OF BURIAL May 24 1929

20. UNDERTAKER L. L. Ream ADDRESS Green Ridge, 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.

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