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.

JAN 1 1930

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

Do not use this space.

41716

1. PLACE OF DEATH
County Platte — Registration District No. 693 — File No.
Township — Primary Registration District No. 4415 — Registered No.
City Edgerton (No. ..... St. ..... Ward)

2. FULL NAME Joshua R. Noland
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26-1858

7. AGE: Years 71 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hdw Merchant
(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) Platte Co Mo

PARENTS
10. NAME OF FATHER James Noland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo
12. MAIDEN NAME OF MOTHER Mary Dunagan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

14. INFORMANT Mrs Jennie Noland
(Address) Edgerton Mo.

15. FILED 1/10-1930 W. H. Rollins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-21-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13-1929, 19..., to Dec-21, 1929 that I last saw h. LM alive on Dec-20-1929, 19..., and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
A Uraemia
131 B
132 B
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) ENLARGED - PROSTATE
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 135
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Abe Shafer, M.D
12/22-1929 (Address) Per Abe Shafer Edgerton 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: Union Mill Cem — DATE OF BURIAL: 12/23 1929

20. UNDERTAKER: W. H. Rollins — ADDRESS: Edgerton Mo