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

Do not use this space.

3734

1. PLACE OF DEATH
County Shelby — Registration District No. 831 — File No.
Township Black Creek — Primary Registration District No. 6092 — Registered No.
City (No. St. Ward)

2. FULL NAME Leland Elmer Nothnagel
(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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1929

7. AGE: YEARS ✓ MONTHS ✓ DAYS 9 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) Shelby Co. Mo.

PARENTS
10. NAME OF FATHER Henry Nothnagel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.
12. MAIDEN NAME OF MOTHER Opal Barr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

14. INFORMANT Henry Nothnagel
(Address) Shelbyville Mo.

15. FILED Jan. 9, 1930 Emrette A. Howerton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-31-, 1929, to 1-8-, 1930 that I last saw him alive on 1-8-29, 19, and that death occurred, on the date stated above, at 7:15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hemophelia. Hemorrhage from stomach. 70B 1611

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 690

(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? Clinical
(Signed) A. M. Wood, M. D
1-9, 1930. (Address) Shelbina 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: Mt. Hope Lutheran Cem. — DATE OF BURIAL: Jan 9 1930.

20. UNDERTAKER: J. W. Thompson Son — ADDRESS: Shelbyville 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.