

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

Do not use this space.

5167

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Yean Primary Registration District No. 1002  
 City Kansas City (No. Kansas City Gen. Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 825

**2. FULL NAME**

Emma Noble  
 (a) Residence. No. 1123 E. 28th St. 4 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-12-1860</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>11</u>
		DAY
		<u>9</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housewife</u>		
(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.

10. NAME OF FATHER Wm. Hugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lora Hugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kansas

14. INFORMANT Reverend Clark  
 (Address) 100 General Hosp

15. FILED 2/22 1930 M. M. Crowe  
 REGISTRAR assist

**MEDICAL CERTIFICATE OF DEATH**

2 **6. DATE OF DEATH (MONTH, DAY AND YEAR)** 2-21 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-20, 1930 to 2-21, 1930 that I last saw her alive on 2-21, 1930 and that death occurred, on the date stated above, at 4:50 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis and  
Chronic nephritis  
131  
930 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 129 W (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS hem. findings  
2-22 1930 (Signed) W. Williams M. D.  
 (Address) Suptr. C Gen. Hosp

\*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 Wichita Kans DATE OF BURIAL 2-24-30  
 20. UNDERTAKER O. V. Mast ADDRESS 1915 E 15

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.

WRITE PLAINLY, WITH OBTAINING INFORMATION FROM A FEM. MEDICAL RECORDS

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