

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

Do not use this space.

11895

MAY 23 1930

1. PLACE OF DEATH
 County Callaway, Registration District No. 104
 Township Fulton, Primary Registration District No. 3008
 City Fulton, Mo., (No.) St. Ward)

File No.
 Registered No. 92

2. FULL NAME James Church Le Noir,
 (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 Marie Le Noir, (OR) WIFE OF Dont Know, 2/27 1864
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) ##### Dont Know
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 66 1 20
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or Registered Pharmacist, particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) Do
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo, (STATE OR COUNTRY)
 10. NAME OF FATHER Dr, Walter Le Noir,
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) N, C, (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Francis Shanon,
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ga, (STATE OR COUNTRY)

14. INFORMANT Mrs, Marie Le Noir, (Address) Fulton, Mo,

15. 4/24 1930 R. M. Creed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1930 to April 25 1930, and that I last saw him alive on April 24 1930, and that death occurred, on the date stated above, at 2:20 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
My condition with anjine pectoris.
949
930 (duration) yrs. 3 mos. ds.
 CONTRIBUTORY Use (Smoking) tobacco (SECONDARY) would produce an attack of anjine (duration) yrs. mos. 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.....
 (Signed) J. M. Lewis M. D.
4/26 1930 (Address) Fulton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Columbia, Mo, DATE OF BURIAL Apr, 27-1930

20. UNDERTAKER Herndon-Taylor Furn-Co, ADDRESS Fulton, 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.

