

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

Do not use this space.

19656

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. City Hospital #2) St. _____ Ward _____

File No. _____
 Registered No. 2057
 St. _____ Ward 3

2. FULL NAME

Minnie Bell Nobles
 (a) Residence No. 2401 Campbell Ward 3 (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>negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jesse Nobles</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3/18/1898</u>		
7. AGE YEARS <u>32</u>	MONTHS <u>3</u>	DAYS <u>5</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 _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23 1930
 17. I HEREBY CERTIFY, That I attended deceased from 5:30, 1930 to 6-23 1930 that I last saw her alive on 6-23 1930 and that death occurred, on the date stated above, at 3:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
(Bilateral lobar)
100%

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) unknown
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 2401 Campbell

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) H. J. Smith M. D.

6-25 1930 (Address) General Hosp #2

*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.

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Kans

10. NAME OF FATHER Calvin Holly

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

12. MAIDEN NAME OF MOTHER Bettie Brown

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

14. INFORMANT Record Clerk
 (Address) General Hosp #2

15. FILED 6/26 30 M. M. Crowe
 REGISTRAR
ass

19. PLACE OF BURIAL, CREMATION, OR REMOVAL westlawn

20. UNDERTAKER W. B. Eubank & Basket Co

DATE OF BURIAL 6/27 1930
 ADDRESS 140 State
KC, 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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