

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

Do not use this space.
20709
~~20877~~
File No.
Registered No. **5501**.....
St. Ward)

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **St. John's Hosp.**) St. Ward)

2. FULL NAME

Hugh Noble
(a) Residence. No. **4213 N. Newcastle St.** **10** 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 Eizabeth Noble		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10, 1858		
7. AGE	YEARS 41	MONTHS 7
	DAY 25	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Foreman (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer. M^cPheters Warehouse Co		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland		
PARENTS	10. NAME OF FATHER Hugh Noble	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland	
	12. MAIDEN NAME OF MOTHER Eliy M^cDonald	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland	
14. INFORMANT Mrs. Ely Noble (Address) 4213 N. Newcastle		
15. FILED 6-11-30 May C. Harkley REGISTRAR		

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 5 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 7**, 19**22**, to **June 5**, 19**30** that I last saw him alive on **June 5**, 19**30** and that death occurred, on the date stated above, at **10:57 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
**Chronic Prostatitis
Hypertrophy
93 C** (duration) **several** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Chronic myocarditis** (duration) **2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **June 2/30**
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. Marder** M. D.
June 5, 1930 (Address) **2806 N. Grand Blvd**

*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 **St. Francis** DATE OF BURIAL **June 7 1930**

20. UNDERTAKER **Ashton L. G. Co 2707 N. Grand** ADDRESS

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.

