MAR 27 1931

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

Do not use this space.

6710

File No.

Registered No. 37

1. PLACE OF DEATH

County Randolph

Township

City Moberly (No. 400 So 4th St. Ward)

Registration District No. 735

Primary Registration District No. 3034

2. FULL NAME Jennie E. Noonan

(a) Residence, No. 400 So 4th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

FATHER

13. NAME ? O'Donnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Richard Noonan
(ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly DATE Feb 18th 1931

19. UNDERTAKER Mahan and Son
(ADDRESS) Moberly, Mo.

20. FILED 1-18 1931 Thos. S. Fleming Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15th, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 1930, to Feb 15, 1931

I last saw her alive on Feb 15, 1931. Death is said to have occurred on the date stated above, at 8:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
11B	
16R	

Other contributory causes of importance:

Influenza	Nov, 1930

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos S Fleming, M. D.

(Address) Moberly 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.