

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

Do not use this space.

10795

1. PLACE OF DEATH Marion
 County Mason Registration District No. 547
 Township Hannibal Primary Registration District No. 3029
 City Hannibal (No. St. Elizabeth Hospital, Hannibal, Mo. Ward)

File No. _____

Registered No. 65

2. FULL NAME Thomas Noonan
 (a) Residence, No. Ralls Co. 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)
Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860

7. AGE YEARS 71 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Hannibal, Mo. /
 (STATE OR COUNTRY)

13. NAME John Noonan

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

15. MAIDEN NAME Margaret Grady

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

17. INFORMANT James Noonan
 (ADDRESS) Ralls Co.

18. BURIAL, CREMATION, OR REMOVAL Ralls Co.
 PLACE St. Paul Cem. DATE 3/7/31 19. _____

19. UNDERTAKER Jas. O'Donnell
 (ADDRESS) Hannibal, Mo.

20. FILED March 31 1931
C. Cousins
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/31, 19 _____

22. I HEREBY CERTIFY, That I attended deceased from 3/7/31, 19 _____, to 3/1/31, 19 _____
 I last saw him alive on _____, 19 _____ Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:

97 Uremia
132B
 Other contributory causes of importance: arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide or homicide _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Dr. J. J. Farrell M. D.
 (Address) Hannibal, 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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