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

Do not use this space.

34995

NOV 5 '31

1. PLACE OF DEATH

County Macon — Registration District No. 2'33 File No.

Township Hudson Primary Registration District No. 2'713 Registered No. 102

City (No. St. Ward)

2. FULL NAME Noble J. Main —

(a) Residence. No. Moravia Ia. 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 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29 - 1857

7. AGE: 74 YEARS | MONTHS: 7 | DAYS: 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Appanoose Co
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER John Main
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT O. E. Main
(Address) Oscaloosa Iowa

15. FILED 10/31, 1931 Mrs Luke Hunkler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1931, to Oct 29, 1931 that I last saw him alive on Oct 28, 1931, and that death occurred, on the date stated above, at 7:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Manic - Depressive Psychosis
11B
84
11.2
(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Intestinal Influenza + Inanition (duration) yrs. mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Lab + Clinical Ex.
(Signed) F. M. Still DO
10/29, 1931 (Address) Macon, Mo.

*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: Moravia Iowa
DATE OF BURIAL: Oct 31 1931

20. UNDERTAKER: Albert Skinner
ADDRESS: Macon

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.