

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

Do not use this space.

994

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3729 Bales)

Registration District No. 302

Primary Registration District No. 100

File No. 32
Registered No. 32
St. _____ Ward _____

2. FULL NAME Mrs Maria J. Noe

(a) Residence No. 3729 Bales St. 16 Ward 16
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.B. Noe

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1930 to Jan 6 1931 that I last saw her alive on Jan 4 1931, and that death occurred, on the date stated above, at 1-15 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26, 1854

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 9

Arteriosclerosis
97 yrs (duration) 10 yrs. _____ mos. _____ ds.

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

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

9. BIRTHPLACE (CITY OR TOWN) Boonville (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED _____

10. NAME OF FATHER Hamilton Elliott

IF NOT AT PLACE OF DEATH _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

B DID AN OPERATION PRECEDE DEATH? DATE OF _____

12. MAIDEN NAME OF MOTHER Not Known

WAS THERE AN AUTOPSY? No

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. L. Ray, M. D.

14. INFORMANT Mrs W.L. Horner (Address) 3729 Bales

Jan. 5, 1931 (Address) 321 Altman rd

15. Jan 5 1931 M. M. Corvine REGISTRAR Assn

*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 Butler, Mo Oak Hill DATE OF BURIAL Jan 6 1931

20. UNDERTAKER Wagner Funeral Home ADDRESS 204 W. Linwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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as 1/2

1/2 10/25

3.00