

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

Do not use this space.

1875

1. PLACE OF DEATH

County Morgan Registration District No. 953 File No. _____
 Township New Jersek Primary Registration District No. 5793.B Registered No. 1
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Carolina Nolting
 (a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Fredrich Nolting</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 1856</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>5</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>up to death</u>	11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flornce Mo</u>		
FATHER	13. NAME <u>Christ Loges</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Havover Germany</u>	
MOTHER	15. MAIDEN NAME <u>Justina Brockmann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Havover Germany</u>	
17. INFORMANT (ADDRESS) <u>Fredrich Nolting</u> <u>Wentz Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nolting Cem</u> DATE <u>Jan 26 1932</u>		
19. UNDERTAKER (ADDRESS) <u>C. H. Rapp</u> <u>Wentz Mo</u>		
20. FILE NO. <u>Jan 26 1932</u> <u>Julius Cooper</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:50 p. m.
 The principal cause of death and related causes of importance were as follows:
Probably Heart
1/21 11:30
 Other contributory causes of importance:
Asthma
 (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Chas A. West, M. D.
 (Address) Wentz 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.

EB 5 1932

