

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

Do not use this space.

5099

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 7 Township Greene Primary Registration District No. 1002
 5 City Jasper (No. 2315) Picher St. _____ Ward _____

2. FULL NAME

Willard O. Noe
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gloria Noe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 20 1891
 7. AGE YEARS 40 MONTHS 6 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lead & Zinc
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
 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) MO. 1
 13. NAME Thomas Noe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.
 15. MAIDEN NAME Minnie E. Bader
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2
 17. INFORMANT (ADDRESS) Wm M. E. Noe Jasper Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sagman DATE 2/16 32
 19. UNDERTAKER (ADDRESS) Funeral Home Co
 20. FILED 2/16 1932 W. H. Weston Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1932
 22. I HEREBY CERTIFY, That I attended deceased from Feb 6 32 to 2-14 32
 I last saw him/her alive on 2-14-1932 Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Tubercular Laryngitis. Date of onset 23A
 Other contributory causes of importance: ① ② ③
 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?
 If so, specify _____ (signed) _____ M. D.
W. H. Winchester
W. H. Doper

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.

MAR 28 1932

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