

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

Do not use this space.

5993

96 1. PLACE OF DEATH
 County St. Louis Registration District No. 289
 City Normandy (No. Bermude & Old Flourissant Rd.) Primary Registration District No. 6033B
 Township St. Ferdinand Registered No. 73 Ward

2. FULL NAME Julia Noggle
 (a) Residence, No. Bermude & Old Flourissant Rd. Ward. Normandy Mo.
 (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 (OR) WIFE OF <u>Chester Noggle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 - 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>8</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>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1932</u>	11. Total time (years) spent in this occupation <u>27</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>		
FATHER	13. NAME <u>Clas Huskey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Ellen Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Chester Noggle</u> (ADDRESS) <u>Bermude & Old Flourissant Rd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillaboro Mo</u> DATE <u>Feb. 29 1932</u>		
19. UNDERTAKER <u>Chas. Barnhardt</u> (ADDRESS) <u>Crystal City Mo.</u>		
20. FILED <u>2/28</u> 19 <u>32</u> <u>Julia Bray M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to February 26, 1932
 I last saw her alive on February 26, 1932 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:

<u>Chr. Cardiovascular disease</u>	Date of onset
<u>Chr. Phylotipicosis</u>	<u>?</u>
<u>Chr. Cholelithiasis</u>	<u>?</u>
<u>Chr. Hypertension</u>	<u>?</u>
<u>Chr. Arteriosclerosis</u>	<u>?</u>

Other contributory causes of importance:
Cardiac & Renal decompensation Nov. 17-1931
Uremic suppression
General Anasarca

Name of operation None Date of
 What test confirmed diagnosis? Clinical 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 ①

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Julia B. Turnor, M. D.
 (Address) 3718 Jennings Rd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 25 1932

(1)