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.

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

Do not use this space.

File No. 7980

Registered No.

1. PLACE OF DEATH
County Newton
Township
City Kennett (No. St. Ward)

Registration District No. 288
Primary Registration District No. 4172

2. FULL NAME Robert Tillman Nolen

(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ada McClary Nolen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 - 1859

7. AGE
YEARS 72 | MONTHS 5 | DAYS 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodruff Co Ark.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Robert Nolen Jr
(ADDRESS) Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge DATE 3/29/32

19. UNDERTAKER Baldwin Undertaking Co
(ADDRESS) Kennett, Mo

20. FILED 3/28/32 Thelma Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932 to March 28, 1932
I last saw him alive on March 28, 1932 Death is said to have occurred on the date stated above, at 12-53 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Disease	
126	
124B	

Other contributory causes of importance:
Gall Stones Indep.

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? no
If so, specify

(Signed) T. J. Rigdon, M. D.
(Address) Kennett, Mo.

230
M.E.