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.

JUN 27 1932

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

Do not use this space.

21702

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 838
Township Liberty — Primary Registration District No. 6098B
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 33 —

2. FULL NAME Margaret Frances Ellen Noce
(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: Femal
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: John R. Noce

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7 1873

7. AGE: YEARS 54 — MONTHS ? — DAYS ? — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer): Housework
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co. Mo.

PARENTS
10. NAME OF FATHER: John Helderman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cape Co. Mo.
12. MAIDEN NAME OF MOTHER: Nancy Gibson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cape Co. Mo.

14. INFORMANT: John R Noce
(Address) Dexter Mo.

15. FILED 6/4/1932 F. LaRue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June - 4 - 1932

17. I HEREBY CERTIFY, That I attended deceased from June - 3 - 1932 to June 4 - 1932 that I last saw her alive on June 3 - 1932 and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute indigestion
93C
118C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. LaRue, M. D.
, 19 (Address) Dexter Mo.

*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: Roland George Graveyard
DATE OF BURIAL: June 5 1932

20. UNDERTAKER: C O Biggs & Co.
ADDRESS: Dexter Mo.