

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

Do not use this space.

22814

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. 508 Garfield)

389
 Registration District No. 1000
 Primary Registration District No. 1000

File No. 2723
 Registered No. 2723
 St. _____ Ward _____

2. FULL NAME

Hinton H. Noland
 (a) Residence, No. 508 Garfield St. 9 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>Male</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>Annie Noland</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 22, 1847</u> | | |
| 7. AGE | YEARS <u>84</u> | MONTHS <u>8</u> |
| | DAYS <u>19</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>Retired</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) | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole County Missouri</u> <u>1</u> | | |
| FATHER | 13. NAME <u>Martin D. Noland</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> <u>31</u> | |
| MOTHER | 15. MAIDEN NAME <u>Not known</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> | |
| 17. INFORMANT <u>Mrs. Annie Noland</u> (ADDRESS) <u>508 Garfield</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Cem</u> DATE <u>7-11-</u> 19 <u>32</u> | | |
| 19. UNDERTAKER <u>Stine + McOlure</u> (ADDRESS) <u>3235 William Place</u> | | |
| 20. FILED <u>July 12</u> 19 <u>32</u> <u>M. M. Corode</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932, to July 11 1932
 I last saw him alive on July 11 1932. Death is said to have occurred on the date stated above, at _____ P. M. 7:40
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis
 Date of onset _____

Other contributory causes of importance:
Chronic nephritis

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? _____ 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) J. L. Jones _____, M. D.
 (Address) 327 Atlantic

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.

Dr. J. L. Jones -

Attn: Mr. L. E. Dy.