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

Do not use this space.

File No. 23865

Registered No.

1. PLACE OF DEATH
County: St Francois
Township:
City: Bismarck (No. ..... St. ..... Ward)
Registration District No. 771
Primary Registration District No. 4462

2. FULL NAME: Sarah C Noyes

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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.

AUG 29 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: John Noyes Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-5-1851

7. AGE: Years 80 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 30
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Crawford Co
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Dant Krause
11. BIRTHPLACE OF FATHER (CITY OR TOWN): 21
(STATE OR COUNTRY): Dant Krause
12. MAIDEN NAME OF MOTHER: Elizabeth Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dant Krause
(STATE OR COUNTRY)

14. INFORMANT: W E Lawless
(Address): Bismarck Mo

15. FILED 8-10-1932 Dr. R C Kiebell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-19-9 Am 1932

17. I HEREBY CERTIFY, That I attended deceased from 7/15, 1932, to 7/19, 1932 that I last saw h. alive on 7/19, 1932, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicaemia following Puncture of foot with wood splinter, accidental.
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 53
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. Bryan, M. D.
7/19, 1932 (Address) Bismarck, 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: Bismarck, Mo. | DATE OF BURIAL: July 20 1932

20. UNDERTAKER: White & Hill | ADDRESS: Bismarck

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.