

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

Do not use this space.

36723

1. PLACE OF DEATH
 83 County Platte Registration District No. 692
 1 Township Green Primary Registration District No. 4414
 3 City Dearborn (No. _____) St. _____ Ward _____

2. FULL NAME Darlynne Neoma Noel
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) never worked 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn Platte Mo Missouri

FATHER 13. NAME James M. Noel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn Platte Mo Missouri

MOTHER 15. MAIDEN NAME Mabel Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brenton Missouri

17. INFORMANT Mabel Noel (ADDRESS) Dearborn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dearborn Mo. DATE Nov 25 - 1932

19. UNDERTAKER Lillian Davis (ADDRESS) Dearborn Mo.

20. FILED Nov 25 1932 M. H. Moore Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 - 1932
 22. I HEREBY CERTIFY, that I attended deceased from Nov 24 1932 to Nov 24 1932
 I last saw him alive on Nov 24 1932 Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:

Asphyxiation Date of onset 11-24-32
55E
161W
 Other contributory causes of importance: Growth in trachea 1931

Name of operation Tracheostomy Date of Sept 1932
 What test confirmed diagnosis? Physic Was there an autopsy? No

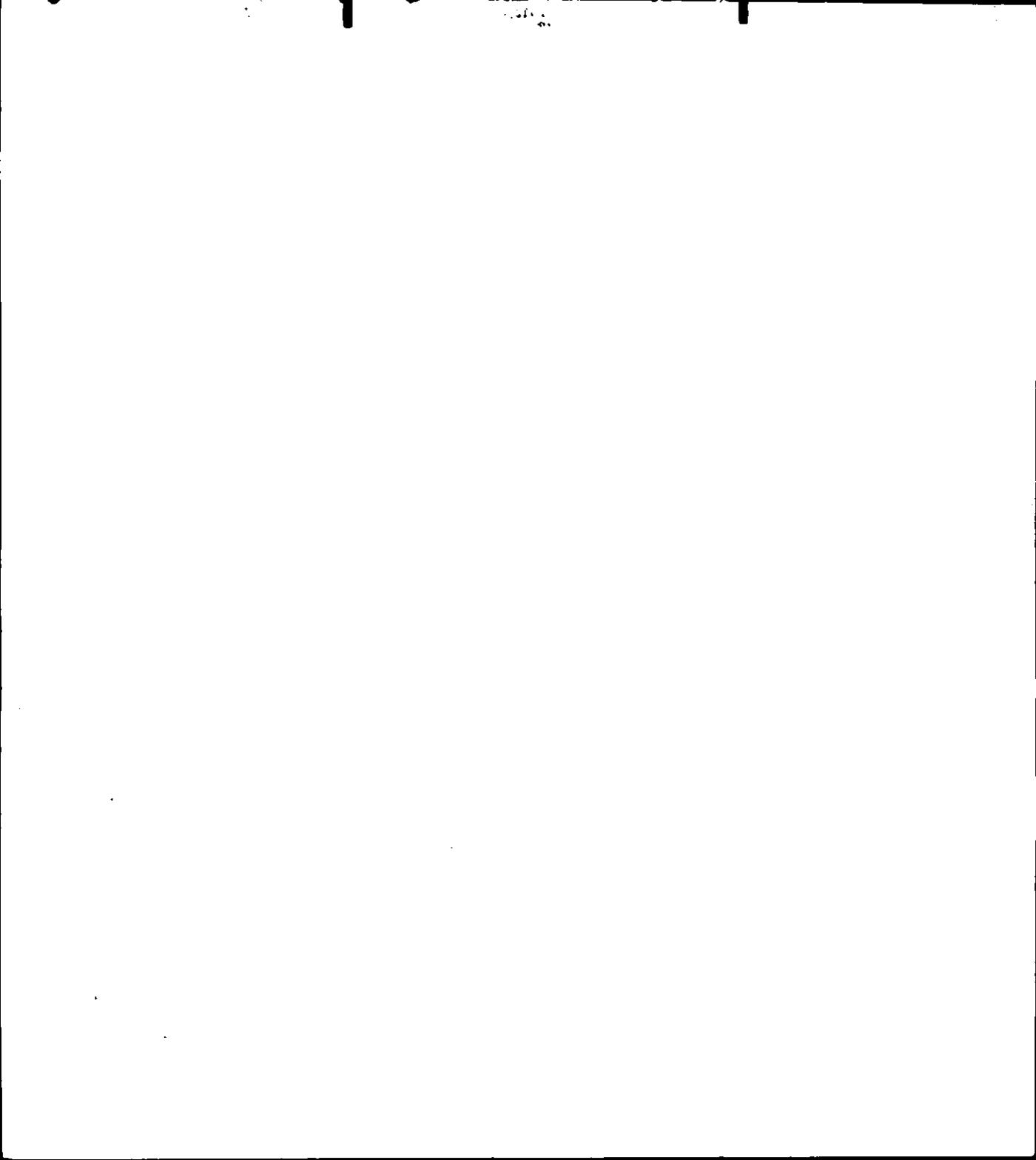
23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury Nov 1932
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. None
 Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. L. Adushkin M. D.
 (Address) Dearborn

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.

444



Under that proper classification may be made. You are therefore requested to make every effort to obtain the following information indicated by check marks, lacking from the death certificate.

Name: Carlyne Neoma Noel

Who died at Dearborn, Mo. (City) on Nov. 24, 1932 (Date)

Residence: No. _____ St. _____ (If nonresident, city or town)

Length of residence in city or town where death occurred: Years 1 Months 7 Days 30

Sex Female Color or race White Single, married, widowed or divorced: Single

Date of birth April 4th 1932 Age: Years 1 Months 7 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) Dearborn Missouri

Birthplace of father (State or Country) Missouri

Birthplace of mother (State or Country) Missouri

Principal cause of death: Asphyxiation

Other contributory causes of importance Growth in Trachea

Name of operation Tracheotomy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician Dr S Luberham

Address of physician Dearborn MO

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the in-

S-36723