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.

MAY 22, 1933

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

Do not use this space.

13907

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3029 — Registered No. 122

1 City Hannibal (No. 1617, Booker St. Ward)

8 2. FULL NAME William Franklin Noel

(a) Residence, No. 1617 Booker 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: Male
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~~ Sadie Noel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 - 1852

7. AGE: YEARS 80 — MONTHS 6 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Monroe Co Mo

FATHER

13. NAME Archie Noel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Mary E Bohanan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs C. W. Piper Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE 4/18 33

19. UNDERTAKER (ADDRESS) Wm. M. Smith Hannibal Mo

20. FILED Apr 16 1933 C. E. Clousing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 16 - 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Apr 3rd, 1933, to ....., 19....

I last saw him alive on Apr - 3 - 1933. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Senility

162

Other contributory causes of importance:

Senility

Name of operation None 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) [signature], M. D.

(Address) Hannibal - Mo