

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. Missouri Methodist Hos.)

File No. 15785

Registered No. 516

2. FULL NAME

William Noah Black

(a) Residence, No. 821 North 9th St. Ward.

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19 1900

7. AGE YEARS 32 MONTHS 6 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 125B
10. Date deceased last worked at this occupation (month and year) 1/14/33 11. Total time (years) spent in this occupation no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ardmore Oklahoma

13. NAME Charles Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hadden Kansas

15. MAIDEN NAME Alice Isaac

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

17. INFORMANT (ADDRESS) Charles Black Porter Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE May 17, 1933

19. UNDERTAKER (ADDRESS) Freeman Funeral Home St. Joseph Mo.

20. FILED 5-17-33 John P. Kerden Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 16, 1933

I last saw him alive on May 15, 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Successes of direct and indirect causes (not tubercular and not traumatic) of 28/33
Other contributory causes of importance: no further facts available.

Name of operation Tail Blister Date of Mar 29, 1933
What test confirmed diagnosis? Cultury Was there an autopsy? Yes

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) Clarence A. Good, M. D.

(Address) St. Joseph Mo.

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 20 1933

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