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

Do not use this space.

26509

File No. 3249

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME: Nelle M. Nolan

(a) Residence, No. 3545 College 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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	43	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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): Indiana

FATHER

13. NAME: John P. Pool

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Florence Ridnon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT: David Nolan
(ADDRESS) 3545 College

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Aug 15, 1933

19. UNDERTAKER: Shire & McClure
(ADDRESS) 3235 Gillham Blvd

20. FILED: 8-14, 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch. 11th, 1926, to Aug. 12th, 1933

I last saw her alive on Aug. 12, 1933. Death is said to have occurred on the date stated above, at 1:17 P.M.

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

Cerebral Hemorrhage — Date of onset Aug 8

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Other contributory causes of importance: Chronic Nephritis

Name of operation: — Date of:

What test confirmed diagnosis? Clinical Test 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?

If so, specify

(Signed) Marvel Lower, M. D.

(Address) 416 Walnut St. K.C. Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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4116 [illegible]
1-20 [illegible]