

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

Do not use this space.

**27449**

**1. PLACE OF DEATH**

County St. Clair  
Township Faber  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 770  
Primary Registration District No. 6016

File No. \_\_\_\_\_  
Registered No. 8 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Perry Nolte  
(a) Residence, No. Rockville mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 19 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<br><u>male</u>  | 4. COLOR OR RACE<br><u>white</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> )<br><u>married</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br><u>HUSBAND OF</u> <u>Emma J. Stong</u><br><u>WIFE OF</u> |   |  |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 1858</u>                                       |   |  |   |  |
| 7. AGE   | YEARS<br><u>74</u>  | MONTHS<br><u>8</u>   | DAYS<br><u>29</u>                                     | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> |  |   |  |
|  | 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) <u>Madison, Indiana</u>                         |   |  |   |  |
| FATHER   | 13. NAME <u>H. H. Nolte</u>   |  |   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>   |  |   |  |
| MOTHER   | 15. MAIDEN NAME <u>Sarah Padgett</u>  |  |   |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>                                      |  |   |  |
| 17. INFORMANT (ADDRESS) <u>Mrs. W. Gray, Schell City, mo</u>                                     |   |  |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rockville Cemetery</u> DATE <u>Aug. 3 1933</u>        |   |  |   |  |
| 19. UNDERTAKER (ADDRESS) <u>Little, Swain &amp; Co, Schell City mo</u>                           |   |  |   |  |
| 20. FILED <u>Aug 9 1933</u> <u>Georgia S. Davidson</u> Registrar.                                |   |  |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1933

22. I HEREBY CERTIFY, That I attended deceased from mch 15 1933 to Aug 1 1933  
I last saw him alive on Aug 1 1933. Death is said to have occurred on the date stated above at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) W. Gray, M. D.  
(Address) Schell City 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.

AGE 26 1933

