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

Do not use this space.

File No. 3917

Registered No. 38

MAR 24 1934

1. PLACE OF DEATH
County: Boone
Township: Columbia
City: Columbia (No. ..... St. ..... Ward)
Registration District No. 73
Primary Registration District No. 3006

2. FULL NAME: Emmaline Brown Noble
(a) Residence, No. 9 So. 1st St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: William Henry Noble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-14-1879

7. AGE: Years 55 | Months — | Days 18 | LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. H. A.
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): Readsville Missouri

FATHER
13. NAME: Charles Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Readsville Missouri

MOTHER
15. MAIDEN NAME: Mildred Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Readsville Missouri

17. INFORMANT (ADDRESS): Velma Caldwell Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Williamsburg Mo. DATE: 2-4 1934

19. UNDERTAKER (ADDRESS): Stewart & Parker Columbia Missouri

20. FILED 2/3/1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-2 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to 2-2-34, 19..... I last saw her alive on 2-1-34, 19..... Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Paralysis	

Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify .....
(Signed) O. A. Moon, M. D.
(Address) Columbia 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.