

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.

1934
MAY 25 1934

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

Do not use this space.

11782

1. PLACE OF DEATH *St. Louis*
 County *St. Louis* Registration District No. *4*
 Township *Central* Primary Registration District No. *3001*
 City *Bethel Kirksville* St. _____ Ward _____
 2. FULL NAME *Mr. Julius H. Noll (Noll)*
 (a) Residence, No. _____ 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 *w*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bertie Noll*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 25 - 1881*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 13
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brick Mason*
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 7*, 1934
 22. I HEREBY CERTIFY, That I attended deceased from *April 3*, 1934 to *April 7*, 1934
 I last saw him alive on *April 7*, 1934. Death is said to have occurred on the date stated above, at *6:35 P.M.*
 The principal cause of death and related causes of importance were as follows:
peritonitis (gen)
rupture of gangrenous appendix
 Date of onset _____
 Other contributory causes of importance:
*1211
1212
1213
1214*
 Name of operation *Appendectomy* Date of *Apr 3/34*
 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) *Earl Laughlin, M.D.*
 (Address) *Kirksville, Mo.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bethel Mo.*
 13. NAME *Metchior Noll*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 15. MAIDEN NAME *Emily Will*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bethel Mo.*
 17. INFORMANT (ADDRESS) *Mrs. J. H. Noll
Bethel Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Nebron* DATE *Apr 9, 1934*
 19. UNDERTAKER (ADDRESS) *Brothers Kawkus
Bethel Mo.*
 20. FILED *April 10, 1934* *Spencer Freeman*
 Registrar.

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