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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21982

Township ..... Primary Registration District No. 1003 Registered No. 5732

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME 3918 Ernest Noble (Noble)

(a) Residence, No. 1326a Lami St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode) LAMI

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada ~~Nobel~~ Noble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~Aug 27~~ - Unknown

7. AGE: abt 58 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 8 yrs
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): Macon City Mo

FATHER
13. NAME: Juen Noble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon City Mo

MOTHER
15. MAIDEN NAME: Margie Pattson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon City Mo

17. INFORMANT (ADDRESS): Hosp Inf Mtent City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nat Cemetery Jefferson Barracks DATE: June 11 1934

19. UNDERTAKER (ADDRESS): Wacker Helderle 2331 S Broadway

20. FILED: JUN 28 1934 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1934 to 6/8, 1934

I last saw him alive on 6/8, 1934. Death is said to have occurred on the date stated above, at 4:55 a.m.

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

Lobar Pneumonia 108

108

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) L Edrod, M. D.

(Address) City Hosp #1

1004-11-24-33