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.

NOV 28 1934

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

Do not use this space.

41507

1. PLACE OF DEATH

96 County St. Louis, Registration District No. 1123 ~~Missouri~~ File No.

Township Carondelet Primary Registration District No. 6248 03 Registered No. 383

City ~~Jefferson Barracks, Mo.~~ No. Veterans Administration Facility St. Ward)

2. FULL NAME Roy M. NOLEN

(a) Residence, No. 904 E. Carter Street, St., Marion, Illinois Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Etta Nolen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 3, 1892

7. AGE: YEARS 42 | MONTHS 9 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bobydick Mine Herrin, Ill.

10. Date deceased last worked at this occupation (month and year): Abt. 1 mo. ago.

11. Total time (years) spent in this occupation: 26 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Illinois

FATHER

13. NAME: W. F. Nolen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Illinois

MOTHER

15. MAIDEN NAME: Mary Cravens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Illinois.

17. INFORMANT (ADDRESS): C. H. SMITH, M.D. Clinical Director Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Ill DATE 11-5 1934

19. UNDERTAKER (ADDRESS): A. H. Hopke 424 N Euclid Ave

20. FILED 11-3 1934 B. F. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1934, to November 3, 1934

I last saw him alive on November 3, 1934 Death is said to have occurred on the date stated above, at 8:35 A.m.

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

	Date of onset
Peptic ulcer associated with extensive hemorrhage.	Unk.

Other contributory causes of importance:

Name of operation: None Date of --

What test confirmed diagnosis? Clinical, physical, x-ray, laboratory 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) W. C. GIBSON M.D. Acting Chief Medical Officer, M. D.

(Address) Vet. Adm. Fac. Jeff. Brks., Mo