

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

Do not use this space.

8110

APR 2 1935

**1. PLACE OF DEATH**

County Burke Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001 File No. 280  
 City St. Joseph (No. No. Methodist Hosp) St.          Ward         

**2. FULL NAME**

Infant of City Nolan  
 (a) Residence, No. 317 1/2 5th St.,          Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Girl 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>8</u>	<u>0</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) St. Joseph Missouri

13. NAME Pete Nolan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

15. MAIDEN NAME Bessie Brunner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

17. INFORMANT Bess Brunner (ADDRESS) 570 Chestnut St

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 3/9 1935

19. UNDERTAKER (ADDRESS) J. L. Strickley

20. F MAR 8 1935 St. Joseph Registrar John R. Brunner

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7 1935 to March 7 1935

I last saw          alive on March 7 1935. Death is said to have occurred on the date stated above, at 2.0 m.

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

Cremation Date of onset         

Other contributory causes of importance: 159

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) J. M. Allanson M. D.

(Address) St. Joseph 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.

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