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.

APR 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 8181

Township — Primary Registration District No. 1001 — Registered No. 354

City St Joseph Mo. (No. Mo. Methodist Hospital St. Ward)

2. FULL NAME Peter M Nolan

(a) Residence, No. 319 So. 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 0 yrs. 0 mos. 21 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): Single

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

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

7. AGE — YEARS: 0 — MONTHS: 0 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.
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, Mo.

FATHER

13. NAME Peter Nolan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

MOTHER

15. MAIDEN NAME Vina May Bruner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heber Springs, Ark.

17. INFORMANT (ADDRESS) Mrs. Vina May Nolan 319 So. 5th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cemetery DATE Mar. 27, 1935

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. Joseph Mo

20. FILED 3-28, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1935, to Mch 25, 1935

I last saw h~~ave~~ alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 a m.

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

Date of onset

Premature

159

Other contributory causes of importance:

Name of operation None 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? No

If so, specify

(Signed) [signature], M. D.

(Address) St Joseph Mo