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.

MAY 21 1935

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

Do not use this space.

12051

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 485
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Charles W. Noe,
(a) Residence, No. 410 Edmond St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan'y 14, 1880

7. AGE: YEARS 55, MONTHS 3, DAYS 13. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attendant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Petroleum Co.
10. Date deceased last worked at this occupation (month and year): Dec 1934
11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia,

FATHER
13. NAME: Rufus Noe.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wetmore, Kansas,

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Mrs. Chas. W. Noe 410 Edmond Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE April 30 1935

19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED 4-30, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr-25-, 1935, to Apr-27-, 1935
I last saw him alive on Apr-27-, 1935. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Syphilis of Central Narrows System

Date of onset

Other contributory causes of importance: none

34

Name of operation none Date of —
What test confirmed diagnosis? yes 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) T. L. Howden, M. D.
(Address) 407 Westpoint Bldg