

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.

*Dr. Kindig*  
*exam* MAR 24 1936

6877

1. PLACE OF DEATH

County *Missouri* Registration District No. *566*  
Township *Long Prairie* Primary Registration District No. *5762*  
City *Boonville* (No. *1*) St. *Boonville* Ward

2. FULL NAME

(a) Residence, No. *101* St. *Boonville Mo.* Ward. *1*  
(Usual place of abode)  
Length of residence in city or town where death occurred *41* yrs. *10* mos. *13* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-20-36*

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

22. I HEREBY CERTIFY, That I attended deceased from *2-15*, 19*36*, to *3-20-36*, 19*36*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 7-1894*

I last saw h. *alive* on *March 6*, 19*36*. Death is said to have occurred on the date stated above, at *6* p. m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *41 10 13*

*Heart labor pneumonia*  
*100*  
Date of onset *2-10-36*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farmer*  
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

Other contributory causes of importance:  
*Old injury to left lung following fall from platform while working*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leopold Mo.*

Name of operation *Amputation* Date of *7-20-36*  
What test confirmed diagnosis *Amputation* Was there an autopsy?

FATHER 13. NAME *Jesse Lee Noble*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME *Hannah Linbaugh*

Manner of injury  
Nature of injury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify *Old injury to left lung following fall from platform while working*

17. INFORMANT (ADDRESS) *John Noble, Boonville, Mo.*

(Signed) *Howard Kindig*, M. D.  
(Address) *Boonville, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *2-22-36*

19. UNDERTAKER (ADDRESS) *Grays Sheely, Boonville, Mo.*

20. FILED *2-22-36* *F. D. Vernon* Registrar.

