

MAY 14 1936

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

Do not use this space.

11776

1. PLACE OF DEATH

County *Madaway*Registration District No. *4373620*

File No.

Township *Alpha*Primary Registration District No. *6224019*Registered No. *4*City *Graham Mo.* (No. St. Ward)2. FULL NAME *Laura Noble*

(a) Residence, No. St. Ward.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *70* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *white*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *W*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joseph Noble - Deceased*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 12 1853*

7. AGE

YEARS *82*MONTHS *82*DAYS *6*If LESS than 1 day, hrs. or min. *16*

OCCUPATION

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

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) *Acton County Indiana*

MOTHER FATHER

13. NAME *Alexander Mc Roberts*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*15. MAIDEN NAME *Thitha Kennedy*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*17. INFORMANT (ADDRESS) *Rea Noble Graham Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Graham A.O.F.* DATE *March 30 1936*19. UNDERTAKER (ADDRESS) *Campbell Funeral Home Maitland Mo.*20. FILED *April 29 1936 Mrs Edw O'Leary Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 28 1936*22. I HEREBY CERTIFY, That I attended deceased from *Mar 6 1936 to Mar 28 1936*I last saw her alive on *Mar 28 1936* Death is said to have occurred on the date stated above, at *6:12 P.M.*

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

Bronchial Pneumonia Date of onset *1/8/36*

Other contributory causes of importance:

Influenza *Mar 6/36*Name of operation *none*

Date of

What test confirmed diagnosis? *none* 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 *6 1936*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) *E. L. Morgan*, M. D.(Address) *Graham, 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.

