JUN 17 1936

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

Do not use this space.

File No. 18491
Registered No. 5

1. PLACE OF DEATH
County: Bates
Township: Rockville
City: Rockville Mo (No. ..... St. ..... Ward)
Registration District No. 54
Primary Registration District No. 4032

2. FULL NAME Isabelle Nolin

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If Married, ~~Widowed, or Divorced~~ HUSBAND OF (OR) WIFE OF Don A. Nolin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Jerseyville
(STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER James D. Bane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) Tenisell
12. MAIDEN NAME OF MOTHER Elizabeth Vannoter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Coal
(STATE OR COUNTRY) Mc Boyin Co. Ills

14. INFORMANT Don A. Nolin
(Address) Rockville Mo.

15. FILED May 30 1936 Mrs. Bessie Gunn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/28 1936

17. I HEREBY CERTIFY, That I attended deceased from 5/23 1936, to 5/28 1936, that I last saw h. alive on 5/23 1936, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C C Slaughter, M. D
, 19, (Address) Rockville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Rockville Cem
DATE OF BURIAL: May 30 1936
20. UNDERTAKER: R R. Kerney
ADDRESS: Butler City Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.