

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

Do not use this space.

AUG 15 1936

25676

1. PLACE OF DEATH

County Butler Registration District No. 89  
Township Paplar Bleff Primary Registration District No. 5131  
City                      No.                      St.                      Ward)                     

File No.                     

Registered No. 162

2. FULL NAME

Jimmie Darrel Noon  
(a) Residence No. 28 mi SW Paplar Bleff Mo  
(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 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) May 8-1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 1 29

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.                       
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) Butler Co Mo

FATHER  
13. NAME Ernest Noon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER  
15. MAIDEN NAME Helen Mae Bloodworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplar Bleff Mo

17. INFORMANT (ADDRESS) Ernest Noon R 2 Paplar Bleff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek DATE 7/8/1936

19. UNDERTAKER (ADDRESS) N. D. Phelps Paplar Bleff Mo

20. FILED 7/10/36 Obitainer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1936

I HEREBY CERTIFY, that I attended deceased from July 5, 1936 to July 7, 1936

I first saw him alive on July 7, 1936 Death is said to have occurred on the date stated above, at 9 P. M.

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

Diarrhea Date of onset July 1-1936

Other contributory causes of importance:

Enterocolitis July 1-1936

Name of operation none Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

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)                     , M. D.

(Address) Paplar Bleff 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.

