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.

SEP 21 1936

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

Do not use this space.

30191

File No. .....
Registered No. 15

1. PLACE OF DEATH
County: Carroll
Township: ~~Pledge~~
City: Bosworth (No. ..... St. ..... Ward)
Registration District No. 134
Primary Registration District No. 4075

2. FULL NAME: James Thomas Noble
(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: 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~~: Jennie Noble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9 - 1856

7. AGE: Years: 80 | Months: 4 | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peoria Ill.

FATHER
13. NAME: William Noble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ken.

MOTHER
15. MAIDEN NAME: Martha Spivy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Jennie Noble Bosworth Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wharton DATE: Aug 14 19 36

19. UNDERTAKER (ADDRESS): David J. Edwards Bosworth Mo

20. FILED: Aug 13 19 36 Mrs. Boss Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jul 19 36 to Aug 12 1936
I last saw him alive on Aug 12 1936. Death is said to have occurred on the date stated above, at 8:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:
Hypostasis
with Pulmonary edema left side of
complete Retention urine
appendicitis chronic

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 ..... 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) A. G. Boss Brown, M. D.
(Address) Bosworth, Mo

Item #15 amended by affidavit of Granddaughter 1-4-91

SEP 21 1936

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

Do not use this space.

30191

File No. .....

Registered No. 15

1. PLACE OF DEATH
County: Carroll
Township: ~~[illegible]~~
City: Bogard (No. ..... St. ..... Ward)

Registration District No. 134
Primary Registration District No. 4075

2. FULL NAME: James Thomas Noble

(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: 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: Jennie Noble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1856

7. AGE: Years 80 | Months 4 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer Retired
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): Peoria Ill

FATHER
13. NAME: William Noble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ken.

MOTHER
15. MAIDEN NAME: Martha A. Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Jennie Noble Bogard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wharton DATE: Aug 14 1936

19. UNDERTAKER (ADDRESS): David A. Edwards Bogard Mo

20. FILED: Aug 13 1936 Mrs. Bord Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jul 24 1936 to Aug 12 1936
I last saw him alive on Aug 12 1936. Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
42 a.	

Other contributory causes of importance:
Hypertrophy
with Pulmonary Edema left & Lobe
Complete Retention Prostate
Hypertrophy Prostate

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Clinical 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 ..... 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) A. H. Ross, Bogard M.D.
(Address) Bogard Mo