

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

Do not use this space.

2108

FEB 17 1937

1. PLACE OF DEATH

County Livingston

Registration District No. 508

File No.

Township

Primary Registration District No. 3026

Registered No. 20

City Chillicothe (No.) St. Ward)

2. FULL NAME David William Noah

(a) Residence, No. 223 Harriman St. Third Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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 Annabelle Noah

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>71</u>	<u>5</u>	<u>4</u>	

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. 217
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) Muskingum County
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Charles Noah

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

MOTHER 15. MAIDEN NAME Ann Lugenbeal

16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Annabelle Noah
Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant DATE Jan. 28 1937

19. UNDERTAKER (ADDRESS) F. B. Norman
Chillicothe, Missouri

20. FILED Jan. 26, 1937 Harold A. Howell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1936 to Jan 26 1937

I last saw him alive on Jan 23 1937 Death is said to have occurred on the date stated above, at 12:00 noon

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

Myocarditis Date of onset
Hypertension

Other contributory causes of importance:
Hypertension

Name of operation 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?
If so, specify H. S. Dawell M. D.
(Signed) Chillicothe, Mo.
(Address)

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.

