

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.

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

Do not use this space.

REC'D MAR 4 1938

1. PLACE OF DEATH

County Adair
Township Adair
City Nowinger (No. _____)

Registration District No. 978
Primary Registration District No. 5008

File No. _____
Registered No. 5915
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Nowinger St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Sept 12 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 19

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) Nowinger, Mo

13. NAME Paul Noe

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

15. MAIDEN NAME Neta Noe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co.

17. INFORMANT Paul Noe (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb 1 1938

19. UNDERTAKER Dee Riley (ADDRESS) Riverville, Mo.

20. FILED Feb 1 1938 Ruth Nowinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 31 1938. I last saw him alive on Jan 30 1938. Death is said to have occurred on the date stated above, at 5 a. m.

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

Whooping Cough Date of onset Jan 1 1938

Other contributory causes of importance: 9-

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 _____ (Signed) W. P. Garrison M. D.
(Address) Nowinger Mo

