

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.

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH
44 County Walt Registration District No. 373
6 Township Primary Registration District No. 4219
0 City Oregon (No. St. Ward)

2. FULL NAME John Friedrich Noellach 420
(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 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

6894

File No.
Registered No. 5

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 Nellie D. Noellach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 20

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. Gen. Farming

10. Date deceased last worked at this occupation (month and year) 1-9-16 11. Total time (years) spent in this occupation 3.5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Mo.

13. NAME John Noellach

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

15. MAIDEN NAME Anna Dammann

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

17. INFORMANT Nellie D. Noellach (ADDRESS) Oregon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo. DATE 2-22 1938

19. UNDERTAKER Walter Pettigrew (ADDRESS) Oregon Mo.

20. FILED 2-22-1938 W. Noellach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8 1926 to Feb. 20 1938
I last saw him alive on Feb. 20 1938. Death is said to have occurred on the date stated above, at 7:00 P.
The principal cause of death and related causes of importance were as follows:
Parkinsons Disease Date of onset 7/8/26

Other contributory causes of importance:

Name of operation none 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 injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. F. Kelly M. D.
334 (Address) Oregon Mo.

SEP 3 1941