

REC'D APR 19 1938

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

10477  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Clay(b) Township Fishy river

(c) City

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)

Registration District No. 198 5277APrimary Registration District No. 30-11-Registered No. 34(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth 42 yrs. mos. ds.2. PRINT FULL NAME Robert Henry Noll 400(a) Residence, No. Near Excelsior Springs, Mo. st. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Noll6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 18797. AGE YEARS 58 MONTHS 8 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Agent for  
9. Industry or business in which work was done, as saw mill, bank, etc. Local Brewery  
10. Date deceased last worked at this occupation (month and year) Dec 7 - 1937  
11. Total time (years) spent in this occupation 1512. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Noll14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Eva H. Noll  
(ADDRESS) Excelsior Spgs. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE May 11 193819. FUNERAL DIRECTOR Blaude S. Burkhead  
(ADDRESS) Excelsior Springs Mo.20. FILED Miss. 10, 1938 Louise M. Burkhead  
Local Registrar. 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1937, to Mar. 10, 1938I last saw him alive on Mar. 9, 1938. Death is saidto have occurred on the date stated above, at 12:15 a.m.

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

Angina Pectoris

Date of onset

Other contributory causes of importance:

Nephritis  
arteriosclerosisName of operation none Date ofWhat test confirmed diagnosis? physical + xll Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19Where did injury occur? n (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? noIf so, specify SR M. Burkhead(Signed) SR M. Burkhead, M. D.(Address) Excelsior Spgs Mo

9416

(5)  
T. 11. 1

STATEMENT BY LICENSED EMBALMER

I, Claude Prichard, Licensed Embalmer No. 2751

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. Claude Prichard

No. 2751 or by [Signature], Registered Apprentice No. [Signature]

working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2751

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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10477  
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1. PLACE OF DEATH

(a) County Clay Registration District No. 198  
 (b) Township Fishing Run Primary Registration District No. 5277A Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. DECEASED FULL NAME Robert Henry Hall

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 8 9

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19\_\_

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_ to \_\_\_\_\_ 19\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

acute myocardial infarction

Date of onset

Other contributory causes of importance:  
hypertension, chronic

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) S. B. McCracken, M. D.

(Address) Director Spg mo

SUPPLEMENTARY

WITH "INK" THIS IS A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COPIED

N. B.—Every item of information should be carefully checked. AGE should be stated in plain terms, so that it may be properly classified. Exact state should be stated. OCCUPATION is very important.

