

REC'D APR 19 1938

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

Do not use this space.

## 1. PLACE OF DEATH

44 County Holt  
Township Lewis  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2  
1 Registration District No. 373  
Primary Registration District No. 5020

File No. 10916  
Registered No. 7

2. FULL NAME Louisa Mary Noellsch 420

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 55 yrs. mos. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Noellsch  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1849  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) Wurtemberg  
(STATE OR COUNTRY) Germany13. NAME Fred Hoffman14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Louise Milier16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Robert Noellsch  
(ADDRESS) Oregon, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oregon Mo DATE Apr. 2 193819. UNDERTAKER Lester Pettijohn  
(ADDRESS) Oregon Mo.20. FILED 4-2-38 J. H. Schauder Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31 193822. HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to March 31 1938I last saw her alive on March 20 1938. Death is said to have occurred on the date stated above, at 8:30 PMThe principal cause of death and related causes of importance were as follows:  
arterio-sclerosis of heartOther contributory causes of importance:  
athero sclerosis of heartName of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? no23. 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? home  
(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 none24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_(Signed) E. F. Murray, M. D.  
(Address) Oregon Mo

334

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.

