REC'D MAY 13 1938

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

Do not use this space.

14677

File No. 3

Registered No.

1. PLACE OF DEATH
County Greene
Township Center
City ..... (No. ..... St. ..... Ward)
Registration District No. 326
Primary Registration District No. 5443

2. FULL NAME SIDNEY JAKE NOBLE 140

(a) Residence, No. Bois D'Arc Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1866

7. AGE: YEARS 70 | MONTHS 7 | DAYS 21 | If LESS than 1 day, ✓ hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rt Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collins Co Tex

FATHER
13. NAME J. J. Brower
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co N. C.

MOTHER
15. MAIDEN NAME Sarah Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo

17. INFORMANT Mrs. Helen White
(ADDRESS) Bois D'Arc Mo

18. BURIAL, CREMATION, OR REMOVAL Oak Forest Cem DATE 2-4-1938

19. UNDERTAKER Reafsnyder & Hoyal
(ADDRESS) Bois D'Arc Mo

20. FILED 2/4 1938 Lucy R. Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1938 to 2-2-1938
I last saw h~~e~~ alive on 2-2-1938. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Catarrhal Bronchitis	1910
Other contributory causes of importance:	
Myocarditis	1932

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical S. 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 .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) B. F. Windle M.D., M. D.
(Address) Bois D'Arc Mo

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.