

NOV 23 1938

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

36129
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township Mt. Vernon Primary Registration District No. 4283
 (c) City Mt. Vernon (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Minnie Elizabeth Noland
 (a) Residence, No. _____ St. Mo (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Albert Noland
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Jan. 1938 11. Total time (years) spent in this occupation 34
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.
 FATHER 13. NAME William D. Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.
 MOTHER 15. MAIDEN NAME America Jane Hughes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.
 17. INFORMANT Francis A. Noland
 (ADDRESS) Mt. Vernon, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Nevada DATE 10-26-1938
 19. FUNERAL DIRECTOR (NAME) Fossett & Phillips
 (ADDRESS) Mt. Vernon, Mo.
 20. FILED Oct 25, 1938 P. A. Noland
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1938, to Oct 23, 1938
 I last saw her alive on Oct 23, 1938 Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis Date of onset _____
Chr. Nephritis
Arteriosclerosis + Hypertension
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Kenneth Glover, M. D.
 (Address) Mt. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-467

Date Filed NOV 4 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.