

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

13667
Do not use this space.

REC'D MAY 10 1939

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399

(b) Township KAW Primary Registration District No. 1007 Registered No. 1421

(c) City KANSAS CITY (d) Street No. 3726 Jefferson St.

(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Lela S Noel

(a) Residence, No. 3726 Jefferson 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 2 - 1890

7. AGE YEARS 49 MONTHS 1 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as saw mill, bank, etc. Whittier School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs.

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

FATHER

13. NAME George D Noel

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

MOTHER

15. MAIDEN NAME MARY IDA Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Mo.

17. INFORMANT George H. Noel (ADDRESS) 1911 N 12 R.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE April 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm Newcomer Sons
Pased + Brush Creek

20. FILED Apr 3 1939 M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6 1939, to Apr 7 1939

I last saw him alive on Apr 7 1939 Death is said to have occurred on the date stated above, at 5:50 P.M.

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

Carcinoma of breast
C metastases of lung & skin

Date of onset Apr 1937

Other contributory causes of importance: 50

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

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William M Keith M. D.

(Address) 925 Argyle Bldg

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.

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.