DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36831

Registration District No. 653 Primary Registration District No. 5864 Registrar's No. 88

[redacted] NOV 15 [redacted]

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Near Hayti Mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Near Hayti Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Ingram Ridge, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Shirley Ann Noel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7-24-39 (Month) (Day) (Year)

8. AGE: Years | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Ingram Ridge Mo (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name James Noel
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rapid Hallsford
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Bernie Clemons
(b) Address Hayti Mo R1
17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 10-11-39 (Month) (Day) (Year)
(c) Place: burial or cremation Ingram Ridge, Cmt
18. (a) Signature of funeral director H S Smith
(b) Address Caruthersville Mo
19. (a) 10/11/39 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1939 hour minute 11 50 p.M.
21. I hereby certify that I attended the deceased from 10-9-39 10-10-, 1939, to 10-10-, 1939; that I last saw him alive on Oct. 10-, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Colitis	4 days
Due to Malaria	1 month
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A S Shine (M. D. or other)
Address Hayti, Mo. Date signed 10-11-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.
I X19511

RECEIVED
District Health Officer No. 3,
District File Number 1139-654
Date Filed 11-10-39

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.