

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County JacksonTownship TramCity Kansas City (No. Gen. Hosp #2)Registration District No. 399Primary Registration District No. 399File No. 39660Registered No. 4666St. Mo. Ward 22. FULL NAME Jess Noble(a) Residence, No. 414 Ellabash St. 9 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Negro

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Georgia Noble

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

10-25-1883

## 7. AGE

39

YEARS

MONTHS

17

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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

Barber ?

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

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

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

## FATHER

## 13. NAME

Louis Noble

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

## MOTHER

## 15. MAIDEN NAME

Mathie Smith

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 17. INFORMANT (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Mo. DATE 12-10-1932

## 19. UNDERTAKER (ADDRESS)

1413 1/2 Moor  
1822 E 18th St

## 20. FILED

12/9/32 M.M. Crowe  
Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-193222. I HEREBY CERTIFY, That I attended deceased from 12-2-1932, to 12-7-1932I last saw him alive on 12-7-32, 19... Death is saidto have occurred on the date stated above, at 6:45 A.M.

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

Date of onset

Bronchopneumonia

10/7/32

Other contributory causes of importance

Toxemia

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical - Laboratory Yes

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?.....

If so, specify.....

(Signed) W. H. Hiltner, M. D.(Address) General Hospital #2

