

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

Do not use this space.

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. Noyes Hospital) Registered No. 666
 St. _____ Ward _____

17543

2. FULL NAME William Howard Nolan
 (a) Residence, No. 2126 South 7th St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 11, 1887.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
40 4 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Amazonia
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Nolan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Agency
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Eliza Van Valkenburg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Burr Oak
 (STATE OR COUNTRY) Kansas

14. INFORMANT Mrs. Josephine Nolan
 (Address) 2126 South 7th St.

15. FILED JUN 28 1927 19____
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1927

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1927, to June 26, 1927, that I last saw h.w. alive on June 25, 1927, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia
3 1/2
 (duration) 3 1/2 yrs. mos. da.
 CONTRIBUTORY Atherosclerosis (Systolic)
 (SECONDARY) (duration) 1 1/2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? no

Did an OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood Tests
 (Signed) Clarence A. Good, M. D.

(Address) St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Green Cemetery DATE OF BURIAL June 28 1927

UNDERTAKER Keenan-Faris ADDRESS 1208 Francis

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

JUL 25 1927

