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

Do not use this space.

10672

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1179

Township Kan — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 4526 Jefferson St. Ward)

2. FULL NAME Mary Elizabeth Noger

(a) Residence. No. 4526 Jefferson St., 7 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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 22 1846

7. AGE: Years 82 — Months 10 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

PARENTS

10. NAME OF FATHER: Nicholas Hoch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Katherine--Tonk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. J. W. Bohumil (Address) 4526 Jefferson

15. FILED 3/16 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1920, to Mar. 9, 1929 that I last saw her alive on Mar. 1929, and that death occurred, on the date stated above, at 12.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction

126

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Gall stones

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF *

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) [signature], M. D

Mar. 10 1929 (Address) 4178 Cambridge

*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: Mt. St. Marys — DATE OF BURIAL: Mar. 11 1929

20. UNDERTAKER: H. W. Gates — ADDRESS: K. C. K.

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.

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