

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

Do not use this space.

Deacon
11130

1. PLACE OF DEATH

County *Jackson*
Township *Jackson*
City *Wentzville* (No.)

Registration District No. *407*
Primary Registration District No. *4241*

File No.
Registered No.
St. Ward)

2. FULL NAME

Noble Caughenbaugh
(a) Residence No. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 31 1878*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 2 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Stationery*
(b) General nature of industry, business, or establishment in which employed (or employer). *Engineer*
(c) Name of employer

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

10. NAME OF FATHER *George Caughenbaugh*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

12. MAIDEN NAME OF MOTHER *Mary C. Green*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

14. INFORMANT *Bessie Caughenbaugh* (Address) *Wentzville, Mo.*

15. FILED *3-19 1929* *Ch Gray* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 18 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 1 1929*, to *Feb 18 1929* that I last saw *him* alive on *Feb 10 1929* and that death occurred, on the date stated above, at *Wentzville, Mo.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Deep seated Compensation
Cardiac Hypertrophy*

97 hr 95 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Central Regurgitation* (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH DATE OF WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS (Signed) *Ed Dumbauld*, M. D.

3/18 1929 (Address) *Wentzville 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 *Wentzville* DATE OF BURIAL *3-20 1929*

20. UNDERTAKER *Noble City, Mo. & Mrs. C. Noble City, Mo.* ADDRESS

25 1929
25-2-19
34

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper Registration District No. 407 File No.
 Township Primary Registration District No. 2241 Registered No.
 City Waverly (No.) St. Ward)

2. FULL NAME

Notie Cuylerbaugh
 (a) Residence. No. St. Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 3-19, 1929 C. L. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1927

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h. alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed), M. D.

, 19 (Address)

*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 DATE OF BURIAL
 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS - ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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