

JUN 28 1929

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

Do not use this space.

20404

1. PLACE OF DEATH

County Scotland
Township Jefferson
City St. Louis (No.)

Registration District No. 810
Primary Registration District No. 6055

File No.
Registered No. 36
St. Ward)

2. FULL NAME

Elizabeth Virginia Noble
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Frank Noble

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
93 4 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Union
(STATE OR COUNTRY) West Virg

10. NAME OF FATHER Warner Washington

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

12. MAIDEN NAME OF MOTHER Delia Taylor

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

14. INFORMANT Maud Noble Hendricks
(Address) Memphis Mo

15. FILED 5/23 29 E. E. Garrison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1921, to May 7, 1929, that I last saw h.c.a. alive on March 7, 1929, and that death occurred, on the date stated above, at 2:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Toxic
108
10691010 (duration) yrs. mos. ds.

CONTRIBUTORY card (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) James A. Mitchell, M. D.
5/23, 1929 (Address) Memphis 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 Bethel cemetery DATE OF BURIAL 5/9 29

20. UNDERTAKER W. W. Haynes ADDRESS Memphis

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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