

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

Do not use this space.

33148

1. PLACE OF DEATH **U.S.V. Hospital**

County **Jackson**

Registration District No. **399**

File No. **4291**

Township **Kaw**

Primary Registration District No. **109B**

Registered No. **4291**

City **Kansas City, Mo.**

(No. **U.S. Veterans Hospital** St. _____ Ward _____)

2. FULL NAME **NOLAN, Robert Emmett**

C-None WOE

(a) Residence. No. **Cassville**

St. _____ Ward **Pvt. Co C 210th FS En**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Missouri** 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 **Mrs. Angelyn Nolan**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 14, 1889**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 8 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Theater Operator**
(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) **Indiana**

PARENTS
10. NAME OF FATHER **Unknown**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) **Unknown**
12. MAIDEN NAME OF MOTHER **Unknown**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) **Unknown**

14. INFORMANT **Hospital Records.**
(Address) **U.S. Veterans Hosp**

15. FILED **10/29/30** **M. M. Crave** REGISTRAR
Crave

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **October 28 1930**

17. I HEREBY CERTIFY, That I attended deceased from **October 20** 19**30** to **October 28** 19**30** that I last saw h. **im.** alive on **October 28** 19**30**, and that death occurred, on the date stated above, at **9:45 A.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ulcer-of stomach

117B
118C

(duration) **11** yrs. _____ mos. _____ ds.

CONTRIBUTORY **Hematemesis** (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

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

① DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Findings**

W. E. Chambers, M.D.
U.S.V. Hospital, Kansas City, 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 **Whitewater, Kansas** DATE OF BURIAL **Oct 30 1930**

20. UNDERTAKER **D. W. Newcomer's Sons** ADDRESS **2116 E. 9th St.**

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.

