

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

Do not use this space.

10500

**1. PLACE OF DEATH**

County Laclede  
Township Franklin  
City (No. ....) .....

Registration District No. 9512  
Primary Registration District No. 51617

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Rubey E. Noble

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  
Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>62</u>		<u>7</u>	<u>13</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Wright Co.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Neut Hillhouse

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

12. MAIDEN NAME OF MOTHER Lottie Young

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

14. INFORMANT Lorane Noble  
(Address) Orla Mo.

15. FILED Mar 31 Isabelle Jones REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 13, 1931

17. I HEREBY CERTIFY. That I attended deceased from 3-12, 1931 to 3-13, 1931 that I last saw him alive on 3-12 8-10 A. M., and that death occurred, on the date stated above, at 9 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Thyroid gland bladder  
127A

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

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) J. W. Lindsey, M. D.  
19 Conway (Address)

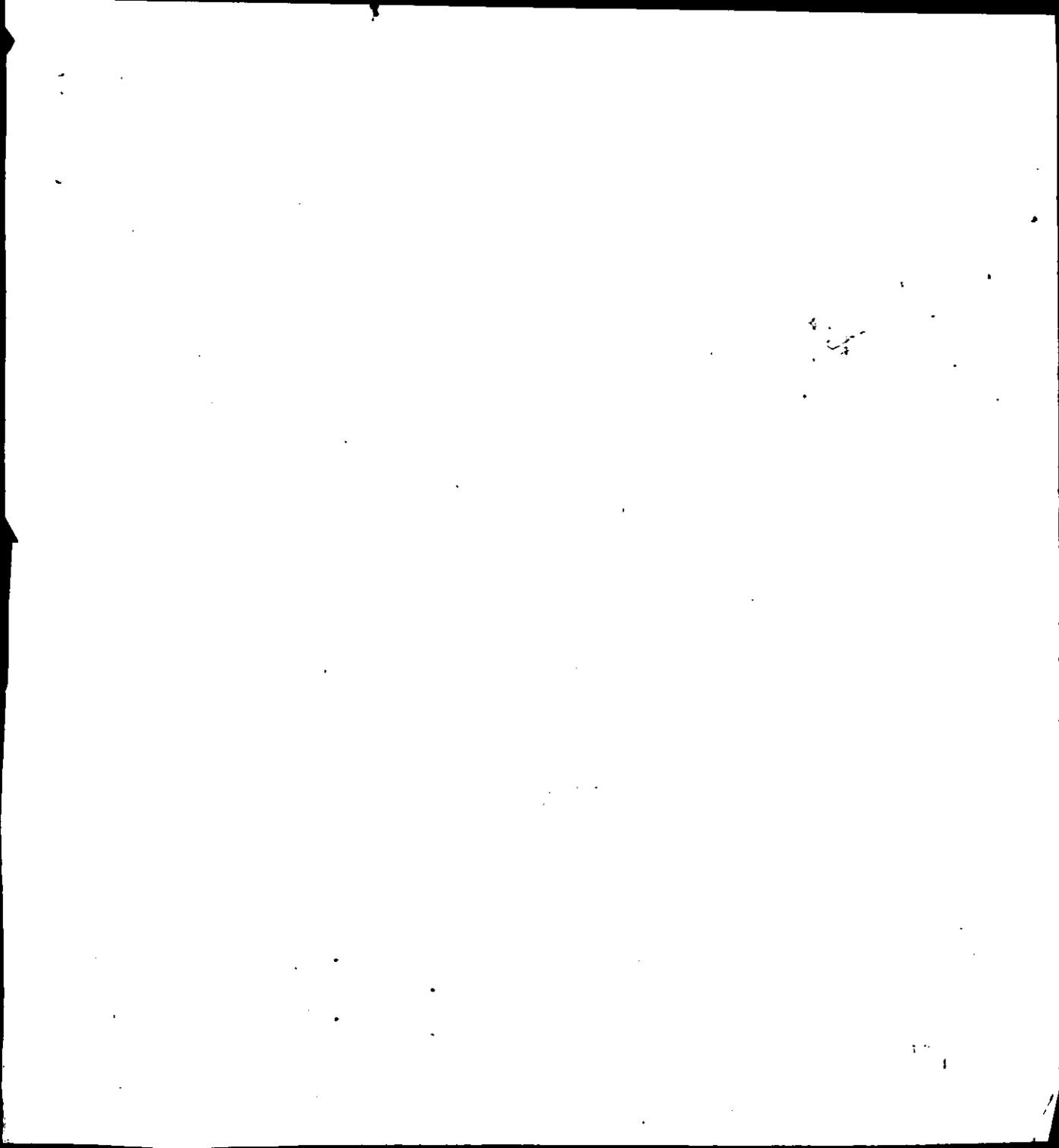
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McBride Cemetary DATE OF BURIAL 3-15-31  
19

20. UNDERTAKER Palmer ADDRESS Lebanon

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.

APR 23 1931



Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Raybey E. Noble

Died at: Laclede Co. on Mar. 13, 1931

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: . Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Cause of Death: Ruptured Gall Bladder

Contributory: Donot know

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

S-10500

(3)

*[Handwritten signature]*