

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan
Township Pike
City Milan (No. _____)

Registration District No. 852
Primary Registration District No. 620-4573

File No. _____
Registered No. _____
St. _____ Ward _____

4411

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Alice M. Noal</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29, 1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>6</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L.R. Locomotive Engineer (retired)</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Butler, Indiana</u>		
FATHER	13. NAME <u>Oliver P. Noal</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Youngstown, Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mary Tucker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Panthersville, Ohio</u>	
17. INFORMANT (ADDRESS) <u>Verdella Champion, 205 1/2 Sullivan, Elkhart, Ind</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Cedarwood Cem. Milan, Ind DATE June 6, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>C. A. Schuber, Milan, Mo</u>		
20. FILED <u>1/10</u> , 19 <u>33</u> <u>Mayme Coffey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 27, 1932, to Jan 3, 1933

I last saw him alive on Jan 20, 1933. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

myocarditis
932

Date of onset

Dec 1
1932

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Curtis M. D.

(Address) Milan Mo

Jan 4 1933

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.

WHITE PLAIN WITH SURROUNDING MARKS THIS IS A PERMANENT RECORD

1933

