

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

Do not use this space.

75

1. PLACE OF DEATH

County Pulaski
Township Richland
City Richland (No. _____)

Registration District No. 712
Primary Registration District No. 4427

File No. 17746
Registered No. 9 St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

Martha Vermilion Gates Noble

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to May 7, 1934. I last saw her alive on May 7, 1934. Death is said to have occurred on the date stated above, at _____ m.,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 25 - 1844

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 3 12

Other contributory causes of importance:
unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo

13. NAME Lakesley Gates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Margaret Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Lellie Noble

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 5-8-34

19. UNDERTAKER (ADDRESS) W. B. Seelye

20. FILED May 8, 1934 Orville A. Oliver Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? Red Side Was there an autopsy? no

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) Orville A. Oliver, M. D.
(Address) Richland, Mo

Dr. Oliver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1934

FATHER MOTHER

