

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.

NOV 28 1936

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

Do not use this space.

41689

1. PLACE OF DEATH
 County Jefferson Registration District No. 425
 Township Commerce Primary Registration District No. 5580
 City Cedar Hill (No. Cedar Hill Mo) St. _____ Ward _____

2. FULL NAME Robert E. Noller
 (a) Residence, No. Cedar Hill Mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Etzman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 - 1881</u>				
7. AGE YEARS <u>55</u>	MONTHS <u>3</u>	DAYS <u>12</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>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Electrical Mfg.</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>				
MOTHER FATHER	13. NAME <u>William F. Noller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>			
	15. MAIDEN NAME <u>Louisa J. Brinkworth</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>Mrs Ruth E. Noller Cedar Hill</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Nov 28 1936</u>				
19. UNDERTAKER (ADDRESS) <u>P. R. Lupton & Sons 4149 Walnut</u>				
20. FILED <u>26 Nov 36</u> <u>James A. Townsend</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1936, to Nov 26, 1936.
 I last saw him alive on Nov 26, 1936. Death is said to have occurred on the date stated above, at 4:10 P. M.
 The principal cause of death and related causes of importance were as follows:
Cardio Vascular Renal Disease Date of onset May '36
Arterio-Sclerosis
 Other contributory causes of importance _____
 Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? _____
 If so, specify _____ (Signed) A. H. Livingston M. D.
 (Address) Cedar Hill, Mo.

N. Jew
Dr. Townsend
House Springs