DEC 28 1937

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

Do not use this space.

File No. 42478
Registered No. 440

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 6248 B
City Jefferson Barracks (No. V. A. F. St. Ward)

2. FULL NAME William P. NOLAN

(a) Residence, No. 3731 Manola Avenue St., Ward. Pine-Lawn, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs. Gertrude Nolan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	63	8	4	

OCCUPATION

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

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 —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

17. INFORMANT Clinical Clerk M. Schilling
(ADDRESS) VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 11/12 1937

19. UNDERTAKER A. J. Donnelly U. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED Nov. 9 1937 G. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1937 to November 8, 1937
I last saw him alive on November 8, 1937 Death is said to have occurred on the date stated above, at 7:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia, inguinal, left, with gangrene of the ilium.	Unkn.
Other contributory causes of importance:	
Broncho-pneumonia, left	Unkn.

Name of operation Drainage of abdomen Date of 11-8-37
What test confirmed diagnosis? Phy. clinical manif. 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?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Missouri.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10-22-36 X9314