

REC'D JUN 15 1938

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

18448  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
 (b) Township Independence Primary Registration District No. 3419 Registered No. 1573  
 (c) City Independence (d) Street No. 918 North Spring St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Ida Noble 140  
 (a) Residence, No. 918 North Spring St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as 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) Odessa Mo.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Jane

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

17. INFORMANT (ADDRESS) Lenora Bush 922 North Spring

18. BURIAL, CREMATION, OR REMOVAL PLACE Hordlewon Indep DATE 5/22/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hickins Bros 1709 Lydia

20. FILED 5-23-38 S. L. Cook Local Registrar. 360

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1938, to May 18 1938

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:20 P.M.

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

Heeritos - Gastritis  
Ida Noble  
Hickins

Date of onset  
12-5-37  
12-5-37  
12-5-37

Other contributory causes of importance:

Artery Artery

5-15-38

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?.....

If so, specify.....

(Signed) S. L. Cook, M. D.

(Address) 1098 Maple St

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*D.B. Watkins*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*D.B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**