

1933 OCT 18

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

31374  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002  
 (c) City Maneacety (d) Street No. St Marys Hospital Registered No. 3472  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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.  
4.57 Michael Nolan

2. PRINT FULL NAME John  
 (a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know - 1867  
 7. AGE YEARS 72 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) St. Louis  
 FATHER 13. NAME James Nolan 5  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5  
 MOTHER 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT (ADDRESS) Mrs. Pearl Slaughter  
St. Marys  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Marys 9/6/38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. O. Donnell  
376 Broadway  
 20. FILED Sept 25 1939 M. M. C. Lowe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 3, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1939, to Sept 3rd, 1939  
 I last saw him alive on July 16, 1939 Death is said to have occurred on the date stated above, at St. Marys  
 The principal cause of death and related causes of importance were as follows:  
Cancer of lower jaw (Primary) Date of onset \_\_\_\_\_  
and Cancer of Lung  
45  
 Other contributory causes of importance: Anemia  
 Name of operation Radiation Date of June  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes 9/16/39  
 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) W. A. Matson, M. D.  
 (Address) 1700 Sunburst

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**