

FILED APR 12 1940  
85

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 22 days  
(Specify whether  
In this community 1 mo. 22 days,  
years, months or days)

3. (a) PRINT FULL NAME Lester Clay Noble, 140

3. (b) If veteran, name war None, 3. (c) Social Security No. 488-14-5873

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Reba Noble, 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased September 15, 1911.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>5</u>	<u>24</u>	hr. min.

9. Birthplace Fillmore, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant,

11. Industry or business Filling Station,

12. Name James L. Noble, 0.

13. Birthplace Nodaway, Missouri,  
(City, town, or county) (State or foreign country)

14. Maiden name Ollie Todd,

15. Birthplace Fillmore, Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lester C. Noble

(b) Address Helena, Mo.

17. (a) Burial (b) Date thereof Mar. 12, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore, Mo.

18. (a) Signature of funeral director Walter B. Gable, Bowman Funeral

(b) Address 319 So. 10th Str. Home.

19. (a) March 12, 1940 (b) W. D. Nestlebusch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew,  
(c) City or town Helena, Missouri,  
(If outside city or town limits write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th.  
year 1940 hour 12:00 minute 10:PM

21. I hereby certify that I attended the deceased from Jan 16, 1940, to Mar 9, 1940  
that I last saw him alive on Mar. 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia's general 5 days  
Abuse liver 2 Mos.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Drainage liver abuse  
Of autopsy Liver abuse, pneumonia's  
Hypostatic pneumonia.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? SE  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. D. Gansard (M. D. or other) 1  
Address St Joseph Mo. Date signed 3-9-40.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-5-12

MISSOURI, Missouri, Missouri,

St. Joseph's Hospital,  
10.25 days  
11 mo. 25 days

Lester Clay Noble,

498-14-2473

March 12:00

Male white  
September 15, 1911

28 2 28

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

working under my personal supervision.

Registered Apprentice No. *Missouri*  
Signed *W. E. Summers*

Licensed Embalmer No. *Missouri*

Address *314 So. 10th St. St. Louis, Mo.*

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 102037  
Registrar's No. 283

Registration District No. 85

Primary Registration District No. 1001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Lester Clay Noble  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 28 Months 5 Days 24 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 5-29-40 (b) H. J. Nestelund (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

20. DATE OF DEATH Month Mar day 9 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis general  
abscess of liver  
Due to Perforated appendix  
Due to \_\_\_\_\_

Other conditions Drainage liver  
(Include pregnancy within 3 months of death)  
abscess

Major findings: Of operations 121  
Of autopsy Liver abscess Peritonitis Hypostatic Pneumonia

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

23. Signature H. J. Nestelund (M. D. or other) \_\_\_\_\_ Address St Joseph Mo Date Signed \_\_\_\_\_

SUPPLEMENTAL CERTIFICATION

Duration  
PHYSICIAN  
Underline the cause to which death is charged statistically.

S-10203 1940