

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

Do not use this space.

40838

1. PLACE OF DEATH

County Jackson
Township St. Louis
City St. Louis

Registration District No. 399
Primary Registration District No. 1002
(No. 5036 E 9th)

File No. 5245
Registered No. 5245
St. _____ Ward _____

2. FULL NAME

Mathe. A. Noland
(a) Residence. No. 5036 E 9th St. 12 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Noland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 - 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, hrs.	or min.
	<u>61</u>	<u>11</u>	<u>6</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ind.
(STATE OR COUNTRY) no.

10. NAME OF FATHER P. G. Ramsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Dehann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT George Noland
(Address) 1007 W. Hayward Ind No. Noland Cem.

15. FILED 12/20, 1929 M. M. Carver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1929 to Dec 18, 1929 that I last saw her alive on Dec 18, 1929, and that death occurred, on the date stated above, at 10.25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108 101 W
1060 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical signs
(Signed) M. A. Noland M. D.

(Address) 237 Katy Bel

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL No. Noland Cem. DATE OF BURIAL Dec 21 1929

20. UNDERTAKER Rose Henderson ADDRESS 15th Jackson

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

Dr. Hollister
W.F.

736 Hawthorn
A. 9628