

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

Do not use this space.

PLACE OF DEATH

County Monticau
Township Berrie's Fork
City Andrew J Noel

Registration District No. 212
Primary Registration District No. 5774B
No. 5774

File No. 34167
Registered No. 26
St. _____ Ward _____

2. FULL NAME Andrew J Noel
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 7 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

10. NAME OF FATHER James Noel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know
12. MAIDEN NAME OF MOTHER Milsey Vance
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT Mrs Robert Hill
(Address) Russellville Mo R-1

15. FILED 11-17-1927 August L. Conner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1927, to Nov 14, 1927 that I last saw him alive on Oct 18, 1927 and that death occurred, on the date stated above, at 11 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
12 1 Do not know
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 12 1
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

20. WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C S Glover, M. D.
11-17-1927 (Address) Russellville Mo

*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 Yarnell Cem DATE OF BURIAL Nov 17 1927

20. UNDERTAKER S N Stephens ADDRESS Russellville Mo

X. 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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EXCITELY should be

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Moniteau Registration District No. 276 File No.
 Township Burns Fork Primary Registration District No. 2774 Registered No. 26
 City (No.) St. Ward

2. FULL NAME Andrew J. Noel
 (a) Residence No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1-1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 7 14

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

(c) Name of employer

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 (STATE OR COUNTRY)

10. NAME OF FATHER James Noel

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

12. MAIDEN NAME OF MOTHER Mrs. Vane

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

14. INFORMANT Mrs Robert Hill
 (Address) Russellville mo A-1

FILED Jan 11 1928 W. H. Frink REGISTRE

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WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

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, 19 (Address) Russellville mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Yarnell Cm. Nov 17 1927

20. UNDERTAKER E. N. Steffens ADDRESS Russellville mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

AGE should be stated EXACTLY. PHYSICIAN'S should state in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-34167