

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.

FEB 19 1936

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

Do not use this space.

682

1. PLACE OF DEATH

County Cole Registration District No. 214
Township Moreau Primary Registration District No. 3294
City (No.) St. Ward

File No. _____

Registered No. 032. FULL NAME James Delbert Noel

(a) Residence, No. Russellville, Mo. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3rd, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, 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) California
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME Andrew J. Noel

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

MOTHER 15. MAIDEN NAME Vicienna Hayes

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

17. INFORMANT Mrs. John Steenburg
(ADDRESS) Enon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yarnel Cem. DATE Jan. 29th, 1936

19. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED Jan. 28 1936 Mrs. Mabel Barber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28th, 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1936, to Jan 28 1936
I last saw him alive on Jan 20 1936. Death is said to have occurred on the date stated above, at 3-15 A.M.

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

Broncho pneumonia Date of onset Jan 22 1936

Other contributory causes of importance: Chronic Prostatitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? No

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? No

If so, specify _____

(Signed) George J. McLawman M. D.(Address) Russellville, Mo

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