

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

Do not use this space.

684

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.

1330
358
1

1. PLACE OF DEATH
 County Dunklin. Registration District No. 254
 Township Holcomb. Primary Registration District No. 5409
 City Holcomb. (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Will Nolen.
 (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 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 Bertha Nolen.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 2-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	51	5	8	

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) Dunklin Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Alexander Nolen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mauda Hardy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dark County
 (STATE OR COUNTRY) Texas

14. INFORMANT George Clement
 (Address) Union Missouri

15. FILED 2-10-1930 J. A. Anderson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10th. 1930.

I HEREBY CERTIFY That I attended deceased from January 5th, 1930 to January 10, 1930
 that I last saw him live on Jan 5th, 1930 and that death occurred, on the date stated above, at 9 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
92A
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Condition
 (Signed) Home Beale, M. D.
 (Address) 11/30-19 Macon 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 Stanfield Cem DATE OF BURIAL Jan 11 1930
 20. UNDERTAKER H. B. Neentmeyer ADDRESS Union Mo

