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

Do not use this space. 4808

APR 21 1931

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 129 File No.
16 Township ~~[illegible]~~ Shawnee Primary Registration District No. 5180 Registered No. 7
City (No. St. Ward)

2. FULL NAME James William Noland
(a) Residence. No. Cape Girardeau 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): widowed
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(or) WIFE of~~ Cornelia Dora Noland
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
71	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oriole
(STATE OR COUNTRY) Missouri 1

PARENTS
10. NAME OF FATHER Jas. William Noland
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana 2
12. MAIDEN NAME OF MOTHER Permelia Hamer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ripley County
(STATE OR COUNTRY) Missouri 1

14. INFORMANT Otto A. Noland
(Address) Spencer, Indiana

15. FILED 2-7-1931 F. J. Schorr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 27th 1931, to Feb 6 1931, that I last saw him alive on Feb 6, 1931, and that death occurred, on the date stated above, at 4 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
190
(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Exposure to Cold
108
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. J. Miller, M. D.
2/7-1931 (Address) Egypt Mills 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: McClain Cemt
DATE OF BURIAL: 2-8 1931
20. UNDERTAKER: Haman's Funeral Home
ADDRESS: Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.