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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124
Township Byrd — Primary Registration District No. 3179
City ... (No. ..., ... St. ... Ward) — File No. 23552 — Registered No. 34

2. FULL NAME Idyll Noland

(a) Residence, No. ... 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: Female
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: Chas. Noland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 13, 1876

7. AGE: Years 57 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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) (STATE OR COUNTRY): near Fruitland Mo.

FATHER
13. NAME: Robert Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fruitland Mo.

MOTHER
15. MAIDEN NAME: Louisa Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Mrs. Lawrence Harper Fruitland Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Pleasant Ridge — DATE: July 27, 1934

19. UNDERTAKER (ADDRESS): Crawford & Miller Jackson Mo.

20. FILED 7-27-34 — D. G. Seibert, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26, 1934

22. I HEREBY CERTIFY That I attended deceased from July 6, 1934, to July 26, 1934
I last saw her alive on about July 18, 1934 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	about 5 or 10 years

Other contributory causes of importance:

Name of operation: None — Date of:
What test confirmed diagnosis? — Was there an autopsy?

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) H. H. Hays, M. D.
(Address) Jackson, Mo.

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.

THIS CERTIFICATE, WITH UNFAILING INFORMATION, IS A PERMANENT RECORD

AUG 15 1934