

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

Do not use this space.

24055

**1. PLACE OF DEATH**

County St. Francois  
Township Bismarck  
City Bismarck (No. ....)

Registration District No. 771  
Primary Registration District No. 4462

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Noah Allen Nabors

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE 40 YEARS MONTHS DAYS If LESS than 1 day, .... hrs. .... min.

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

9. BIRTHPLACE (CITY OR TOWN) Belleview (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Kenneth Nabors

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

12. MAIDEN NAME OF MOTHER Media Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belleview Mo (STATE OR COUNTRY)

14. INFORMANT Mrs Cora Nabors (Address) Bismarck

15. File No. July 22, 1930 Registrar F. W. Gale

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-22-30

17. I HEREBY CERTIFY, That I attended deceased from 12:30 to July 22 1930 that I last saw him alive on July 22 1930, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetes Mellitus

CONTRIBUTORY (SECONDARY) 5 yr (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS Chemical Analysis

(Signed) F. W. Gale M. D.

(Address) Bismarck 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 Hamilton Cemetery DATE OF BURIAL 7-23-30

20. UNDERTAKER H. P. White & Belknap ADDRESS Wenton

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. AUG 26 1930

