

STATE OF MONTANA
CERTIFICATION OF VITAL RECORD



STAR. MILES CITY

Do not write
D.L. 3720
in this space

Original Record for State Registrar

STATE OF MONTANA
Bureau of Vital Statistics
Standard Certificate of Death

1. PLACE OF DEATH

County... Deer Lodge Registered No.

Township... Warmsprings or Village... or
City... Montana State Hospital St., Ward

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 23 days. How long in U. S. if of foreign birth? yrs. mos. days

Length of residence in city or town where death occurred ... yrs. ... mos. ... days

2. FULL NAME Albert L. Noe

(a) Residence: No. Silver Bow County Hospital, Mont. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced
HUSBAND of Kate Horne Noe
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 15, 1862
7. AGE Years Months Days If LESS than
74 8 24 1 day, ... hrs.
... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no record

10. Date deceased last worked at this occupation (month and year) no record
11. Total time (years) spent in this occupation?

12. BIRTHPLACE (city or town) Newport Kentucky
(State or country)

13. NAME James Noe

14. BIRTHPLACE (city or town) no record Kentucky
(State or country)

15. MAIDEN NAME Molly ..(?)

16. BIRTHPLACE (city or town) no record Ohio
(State or country)

17. INFORMANT Hospital records
(Address) Warmsprings, Mont.

18. BURIAL, Cremation, or Removal Grave #417 C-5
Place Warmsprings, Mont. Date Mar. 11, 1937

19. UNDERTAKER H. A. Bolton, Supt.
(Address) Warmsprings, Mont.

20. FILED Mar. 8, 1937 *E. Davison* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1936, to March 8, 1937.

I last saw him alive on March 8, 1937, death is said to have occurred on the date stated above, at 3:00 p. m.

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

Cerebro-spinal lues Date of onset prior to 1936

Chronic endocarditis, mitral insufficiency prior to 1936

Generalized arteriosclerosis 1936

Contributory causes of importance not related to principal cause:

(34)

none
Clinical symptoms and data, Date of...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No 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) *Karen S. Johnson* M. D.

(Address) Warmsprings, Mont.

By:

D. Dohle, on 2-16-2016

Karen S. Johnson

State Registrar
Office of Vital Statistics

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of Public Health and Human Services

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