

STATE OF MONTANA

CERTIFICATION OF VITAL RECORD

Original Record for State Registrar

STAR, MILES CITY

STATE OF MONTANA
Bureau of Vital Statistics
Standard Certificate of Death

D.L.

Do not write
in this space

3720

1. PLACE OF DEATH

County Deer Lodge Registered No. _____Township Warm Springs or Village _____City _____ No. Montana State Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ days

2. FULL NAME Albert L. Noe(a) Residence: No. Silver Bow County Hospital, Mont. Ward. _____
(Usual place of abode) (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) Divorced6a. If married, widowed, or divorced HUSBAND of Kate Horne Noe
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 15, 18627. AGE Years 74 Months 8 Days 24 If LESS than 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 record10. 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
(State or country) Kentucky13. NAME James Noe14. BIRTHPLACE (city or town) no record
(State or country) Kentucky15. MAIDEN NAME Molly ..(?)16. BIRTHPLACE (city or town) no record
(State or country) Ohio17. INFORMANT Hospital records
(Address) Warm Springs, Mont.18. BURIAL, CREMATION, OR REMOVAL Grave #417 C-5
Place Warm Springs, Mont. Date Mar. 11, 19 3719. UNDERTAKER H. A. Bolton, Supt.
(Address) Warm Springs, Mont.20. FILED Mar. 8, 19 37 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 8, 19 3722. I HEREBY CERTIFY, That I attended deceased from December 16, 19 36, to March 8, 19 37I last saw him alive on March 8, 19 37, 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 1936Chronic endocarditis, mitral insufficiency Date of onset prior to 1936Generalized arteriosclerosis

Contributory causes of importance not related to principal cause:

none Date of onset NoWhat 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? NoIf so, specify Leo S. Crawley, M. D.(Signed) [Signature] (Address) Warm Springs, Mont.By: [Signature], on 2-16-2016

This certifies that this document is a true duplication of the original information on file with the Department of Public Health and Human Services

State Registrar
Office of Vital Statistics

Not Valid Unless Raised Seal Is Present

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE