SEP 25 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27580

1. PLACE OF DEATH

County: Howard — Registration District No. 378 — File No.

Township: Bonofamo — Primary Registration District No. 5-5-27 — Registered No. 60

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nannie E Johnson

(a) Residence. No. Near Higboe 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jno Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 16th 1854

7. AGE: 75 Years — Months: 3 — Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Boone CO MO

PARENTS

10. NAME OF FATHER: Thomas Clooton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Mary Wisdom
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Kentucky

14. INFORMANT: Brish Johnson
(Address): Higboe MO R.F.D.

15. FILED: Sep. 1, 1929 V. O. Bonham, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 25th 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1929, to Aug 22, 1929, that I last saw her alive on Aug 22, 1929, and that death occurred, on the date stated above, at 435 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
cerebral
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 7461
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? not that I know of
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) J W Hinn, M. D
8/27, 1929 (Address) Higbee 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: Porche Boone CO Mo — DATE OF BURIAL: Aug 27 1929

20. UNDERTAKER: C. L. Felsen — ADDRESS: Higbee 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.

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