

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

Do not use this space.

38912

**PLACE OF DEATH**

County Boone  
Township Johnson  
City Booneville (No. \_\_\_\_\_)

Registration District No. 217  
Primary Registration District No. 5308

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John S. Nowlin  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 5 - 1844</u>		
7. AGE <u>86</u> YEARS	MONTHS <u>4</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrenton, Mo.  
(STATE OR COUNTRY)

<b>PARENTS</b>	10. NAME OF FATHER <u>John S. Nowlin</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Ann B. Jones</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Same Co</u> (STATE OR COUNTRY)

14. INFORMANT B. P. Nowlin  
(Address) Booneville, Mo.  
15. FILED 12-18-36 W. J. Houser  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from November 29, 1930, to December 13, 1930 that I last saw deceased alive on December 13, 1930, and that death occurred, on the date stated above, at 4:15 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Heart Failure & old age.  
105 (duration) yrs. mos. da.  
CONTRIBUTORY age, asthmatic tendency.  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms  
(Signed) J. Miller Forcade, M. D.  
, 19 Blackwater, 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 Townsend, Mo. DATE OF BURIAL 12-18 1930  
20. UNDERTAKER H. L. Day ADDRESS Blackwater, 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.

Jan 19 1937

