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

Do not use this space.

35929

File No.
Registered No. 51

1. PLACE OF DEATH
County 19 Cass
Township Grand River
City (No. St. Ward)

Registration District No. 152
Primary Registration District No. 5219

2. FULL NAME John Henry 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 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Ida R Nowlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 - 1866

7. AGE: YEARS 67 | MONTHS 6 | DAYS 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo

FATHER
13. NAME John M. Nowlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Emily J Vermillon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Ida R. Nowlin
(ADDRESS) Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Ridge DATE 11/19 1933

19. UNDERTAKER Rymer Burger Bros Reg
(ADDRESS) Harrisonville Mo

20. FILED 11/16 1933 A S Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to Nov 15, 1933
I last saw him alive on Nov 15, 1933. Death is said to have occurred on the date stated above, at 5-a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset
C12-A
8 00

Other contributory causes of importance: Paralytic Respiratory Center

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — 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?
If so, specify
(Signed) David S Long, M. D.
(Address) Harrisonville Mo

Dr Long.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD