

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.

DEC 8 1936

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

Do not use this space.

42139
347

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3032

City Sedalia

(No. 322 East 5th)

File No. 348

Registered No. 668

St.

Ward

2. FULL NAME Minnie Lee Nowlin

(a) Residence, No. 322 East 5th
(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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)

Widow

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

James L.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

64

3

1

OCCUPATION

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

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)

Mo.

FATHER

13. NAME Samuel Bohon

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ky.

MOTHER

15. MAIDEN NAME Annie Meyer

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ohio

17. INFORMANT Odis Nowlin
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton, Mo. DATE Nov. 30, 1936

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Nov. 30, 1936 John Black
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to Nov. 28, 1936

I last saw him alive on Nov 27, 1936 Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

coronary thrombosis
with brain degeneration

Date of onset
10/20/36
Chen

Other contributory causes of importance:

Senile dementia & chronic
impairment

no
not
the

Name of operation none

What test confirmed diagnosis? clinical 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)

Chas. A. Murrell
sedalia, Mo.

(Address)

