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

PLACE OF DEATH

County: Wayne

Township or Village or City: Mangum

Registration District No. 900 — Primary Registration District No. 6307

File No. 40023 — Registered No. 23.

(No. ..... St. ..... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Dud Bejao Nannell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Girl — COLOR OR RACE: White — SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): —

DATE OF BIRTH: Nov 9 (Month) (Day), 1915 (Year)

AGE: — yrs. — mos. 3 ds. — If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): Mo

PARENTS
NAME OF FATHER: Bruce Forney
BIRTHPLACE OF FATHER (City or town, State or foreign country): Mo
MAIDEN NAME OF MOTHER: Bessie Jennis
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bruce Forney

(ADDRESS) Mangum

Filed Dec 9, 1915. D. A. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 12 (Month) (Day), 1915 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 9, 1915, to Nov 9, 1915, that I last saw he alive on Nov 9, 1915, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Found dead in Bed. Nonc Development.

158

(Duration) ..... yrs. 1 mos. 5 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. A. Williams M.D.

Nov 12 1915 (Address) Mangum

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Mangum — DATE OF BURIAL: Nov 13 1915

UNDERTAKER: Nye & Thomas — ADDRESS: Mangum

MISSOURI STATE BOARD OF HEALT

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County.....

Township ..... Registration District No. ..... File No. .....

or

Village..... Primary Registration District No. ..... Registered No. .....

or

City ..... (NO. ..... .St.; ..... Ward)

[If death occurred in a hospital or institution give its NAME instead of street and number]

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH

....., 1.....
(Month) (Day) (Year)

AGE

.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ....., 191....., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

....., 191....
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

....., 191...., to....., 191....

that I last saw h.....alive on....., 191....

and that death occurred, on the date stated above, at.....m

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration).....yrs.....mos.....ds

Contributory.....
(SECONDARY)

.....(Duration).....yrs.....mos.....ds

(Signed)..... M. D.

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	....., 191....
UNDERTAKER	ADDRESS