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

Do not use this space.

26983

File No. .....

Registered No. 16

1. PLACE OF DEATH

County: Greene — Registration District No. 316

Township: Wagoner — Primary Registration District No. 4191

City: Ash Grove (No. Rte 1, ... St. ..... Ward)

2. FULL NAME: Mary G. (Perry) Nunn

(a) Residence. No. Ash Grove (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: F

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Perry E. Nunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 13-1889

7. AGE: Years 39 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECASED

(a) Trade, profession, or particular kind of work: home

(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): Dade Co Mo.

PARENTS

10. NAME OF FATHER: Joe Patterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dade Co Mo

12. MAIDEN NAME OF MOTHER: Florence Holman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dade Co Mo.

14. INFORMANT: Perry E. Nunn (Address) Ash Grove Mo

15. FILED 10/5 1928 Dr Charles H Orr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-23 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Electrical Shock, from Lightning Bolt

..... (duration) ..... yrs. ..... mos. ..... ds.

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

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jewell E. Rendle M.D. Coroner

8-23 1928 (Address) Springfield 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: Green Lawn Cemetery Wal Grove — DATE OF BURIAL: 8/24 1928

20. UNDERTAKER: A Jacoby — ADDRESS: Ash Grove 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.

THIS IS A PERMANENT RECORD

OCT 26 1928