FEB 23 1929 Dr W.

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

Do not use this space.

2543

67

1. PLACE OF DEATH
County Miss. Registration District No. 567 File No.
Township St James Primary Registration District No. 5763 Registered No. 6
City Annestan (No. St. Ward)

2. FULL NAME Necie Edna Nunn.
(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. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 - 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
48	6	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

234

9. BIRTHPLACE (CITY OR TOWN) Marion Co.
(STATE OR COUNTRY) Ky.

2

PARENTS

10. NAME OF FATHER Horace Williamson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) dont Know

2

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14. INFORMANT Otha Nunn
(Address) Annestan Mo.

15. FILED 2-4- 1929 Duff M Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7- 1929, to Jan 8- 1929 that I last saw her alive on Jan 7 1929, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy

(duration) yrs. mos. 2 ds.

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

74A

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo W Whitaker, M. D
2-4- 1929 (Address) East Prairie 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 W.O.W.
DATE OF BURIAL 1/9 1929

20. UNDERTAKER Norris Sheeby
ADDRESS East Prairie 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.