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

Do not use this space.

8684

File No. 8684

Registered No. 1930

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.:

City: Kansas City — (No. St. Lukes Hospital St. Ward)

2. FULL NAME John. A. Nunnink.

(a) Residence. No. 4432 Lloyd. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	Wh.	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Nunnink.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jun. 1. 1872.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	57	9	7	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas.

PARENTS
10. NAME OF FATHER: Herman J. Nunnink.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holland.
12. MAIDEN NAME OF MOTHER: Elizabeth.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wis.

14. INFORMANT: Mrs. Katherine Nunnink.
(Address): 4432 Lloyd Ave. K.C.Ks.

15. FILED 3/9, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1930, to Mar 8, 1930, that I last saw h. alive on Mar 8, 1930, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Generalized Blood Stream infection (Septicemia) due to scalp ontbiint (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) (duration) 3½ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1948 Lawrence

2. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 25-'30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Bacteriologic exam of blood

(Signed) Eugene O. Larsons, M.D.

3/8, 1930 (Address) 801 W. 39th St.

*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: Shawnee Cemetery — DATE OF BURIAL: 3/10/ 1930

20. UNDERTAKER: Gates Funeral Home — ADDRESS: K.C.Ks.

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.

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