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.

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

Do not use this space.

40367

1. PLACE OF DEATH Pike
County Pike — Registration District No. 684 — File No. 40367
Township Cuivre — Primary Registration District No. 4408 — Registered No. 13
City Bowling Green (No. ..... St. ..... Ward)

2. FULL NAME Dr. J. C. 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Mrs Kate Nunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	9	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work M. D.
(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) Near Bowling Green

PARENTS
10. NAME OF FATHER W. G. Nunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Annie M. Nunn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co.

14. INFORMANT Mrs Kate Nunn
(Address) Bowling Green

15. FILED 1/10 31 19 W. F. Bummerkamp REGISTRAR
Bowling Green Mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31st 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1930, to Dec. 31st 1930 that I last saw him alive on Dec. 31st 1930, and that death occurred, on the date stated above, at 5:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis
130
115B (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Parotid Abscess
(duration) yrs. 1 mos. 10 ds.

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? Laboratory findings
(Signed) J. B. Biggs, M. D.
Jany 1st 1931 (Address) Bowling Green, 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: Bowling Green Cemetery — DATE OF BURIAL: Jan 2 1931

20. UNDERTAKER: W. B. Elmore — ADDRESS: Bowling Green