33405-a

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

Do not use this space.

33403-a

1. PLACE OF DEATH
County Vernon
Township
City Nevada (No. ... St. ... Ward)

Registration District No. 5875
Primary Registration District No. 3039

File No.
Registered No. 972

2. FULL NAME Jessie Fay Nunn

(a) Residence, No. Vernon Co St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28-1897

7. AGE Years 34 Months 4 Days 27 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walker Mo

FATHER
13. NAME Harvey McElwain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Anna Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Paul Nunn
(ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Newton Cem DATE Sept 25-1931

19. UNDERTAKER Terry Funeral Home
(ADDRESS) Nevada Mo

20. FILED 12-1-1931 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1931 to Sept 25 1931
I last saw her alive on Sept. 21 1931. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative peritonitis following septic abortion (Self induced)	

Other contributory causes of importance:
140

Name of operation Drainage Date of 9-22-31
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E R King, M. D.
(Address) Nevada, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

DEC 2 0 1931