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.

APR 28 1932

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

Do not use this space.

13383

1. PLACE OF DEATH
County Newton — Registration District No. 614 — File No. 23
Township — Primary Registration District No. 4555 — Registered No.
City Granby (No. , St. Ward)

2. FULL NAME Leonard T. Nunn
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1888

7. AGE: Years 43 — Months 4 — Days 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 16
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. +
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Granby~~ Near Seneca Mo.

FATHER
13. NAME H. H. Nunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon Mo.

MOTHER
15. MAIDEN NAME Mary Buttram
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentonville Ark.

17. INFORMANT (ADDRESS) Mrs Mary Nunn Granby Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Granby DATE April 7 1932

19. UNDERTAKER (ADDRESS) [illegible] Granby Mo.

20. FILED 4-7 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1931 to Apr. 6th 1932
I last saw him alive on Apr 2nd 1932 Death is said to have occurred on the date stated above, at 2:55 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

23 [illegible]

Other contributory causes of importance:

1

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 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 X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J W Langley, M. D.
(Address) Box 240 Granby Mo.