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.

AUG 25 1932

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

Do not use this space.

File No. 23695

Registered No. 26

1. PLACE OF DEATH

82 County Pike

1 Township Lunge

2 City Bowling Green (No. ..... St. ..... Ward)

Registration District No. 684

Primary Registration District No. 4408

2. FULL NAME Martha Susan 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 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 W. C. Nunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-21-1840

7. AGE YEARS 92 MONTHS X DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

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) Pike Co Mo 1

FATHER

13. NAME John Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina 2

MOTHER

15. MAIDEN NAME Jane Maxwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Co. Ky

17. INFORMANT (ADDRESS) Thomas B. Nunn St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cemetery DATE 7-16 1932

19. UNDERTAKER (ADDRESS) Grace Blankhead Bowling Green, Mo

20. FILED 8/10 1932 Wm Dummer Camp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20th 1932, to July 14th 1932

I last saw her alive on July 13th 1932. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
93C	
162 93C ①	

Other contributory causes of importance:

Extreme senility

Name of operation No Date of —

What test confirmed diagnosis? Physical findings 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) James B. Riggs, M. D.

(Address) Bowling Green, Mo