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

Do not use this space.

10172

File No.

Registered No. 11

1. PLACE OF DEATH

County Lewis

Township Union

City (No. , St. Ward)

Registration District No. 420

Primary Registration District No. 5645

2. FULL NAME Reason V. 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 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19th 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	7	18	

OCCUPATION

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

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 COUNTY) La Grange Mo.

FATHER

13. NAME Willis J. Nunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) La Grange, Mo.

MOTHER

15. MAIDEN NAME Elizabeth Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) La Grange, Mo.

17. INFORMANT (ADDRESS) Henry Nunn, ~~La Grange, Mo.~~

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dover DATE Mar 9th 1933

19. UNDERTAKER (ADDRESS) A. A. Roberts, La Grange, Mo.

20. FILED 3/8 1933 W. E. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26th 1933, to March 7 1933

I last saw h. alive on March 7 1933. Death is said to have occurred on the date stated above, at 2:30 Am.

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

	Date of onset
Uremic poisoning	
Cerebral hemorrhage	
Apoplexia	

Other contributory causes of importance:
Hypertension

Name of operation Date of

What test confirmed diagnosis? Laboratory 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) Dr. L. E. Carr, M. D.

(Address) La Grange Mo.

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.

MAY 22 1933