

WITH UNFADING INK---THIS IS A PERMANENT RECORD

EB 22 1934

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

Do not use this space.

311

1. PLACE OF DEATH

County Buchanan Registration District No. 82
Township Washington Primary Registration District No. 527
City St. Joseph (No. County Infirmary) St. 8 Ward 8

2. FULL NAME Harry Nunn

(a) Residence, No. County Infirmary St. 8 Ward 8
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1860

7. AGE YEARS 74 MONTHS UNKNOWN DAYS UNKNOWN If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) Unknown (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

FATHER 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT County Records (ADDRESS) Buchanan Co. Missouri

18. BURIAL, CREMATION, OR REMOVAL City Cemetery PLACE St. Joseph Mo. DATE Jan. 16 17 19 34

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED Jan 16 1934 J. J. Bunsche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to Jan 15 1934
I last saw him alive on Jan 10 1934. Death is said to have occurred on the date stated above, at 2:40 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar
Arterio Sclerosis
Date of onset Jan 5 1934
Other contributory causes of importance: None
Name of operation None Date of None
What test confirmed diagnosis? Clinical 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) A. J. Estolley M. D.
(Address) 822 Edmund St. Joseph 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.

