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

Do not use this space.

File No. 24029

Registered No.

1. PLACE OF DEATH

County: Franklin — Registration District No. 296

Township: Union — Primary Registration District No. 4180

City: Union (No. ..., ..., St. ..., Ward)

2. FULL NAME: Robert 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): November 11 1861

7. AGE: Years 72 — Months 8 — Days 10 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Gray Summit, Mo.

FATHER

13. NAME: William R. Nunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gray Summit, Missouri.

MOTHER

15. MAIDEN NAME: Martha Davison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Sammuel Nunn, Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Brush Creek Cemetery
PLACE: Gray Summit, Mo. DATE: July 22, 1934

19. UNDERTAKER (ADDRESS): Union Furniture Co., Union, Mo.

20. FILED: July 24, 1934 — J. R. Marshall, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:15 p. m.

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

Heat Prostration — Date of onset
Senility
Cancer
1911

Other contributory causes of importance:

Name of operation ... Date of ...

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) J. R. Marshall, M. D.

(Address) Union, 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.

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

V. S. No. 2
100M-11-24-33