JUL 18 1935

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

Do not use this space.

19163

1. PLACE OF DEATH
County: Carroll
Township: ~~Carrollton~~
City: Carrollton (No. ..... , ... St. ..... Ward)

Registration District No. 135
Primary Registration District No. 3010

File No. .....
Registered No. 66

2. FULL NAME: Irene Robena Nunley

(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: Fe
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-12-1893

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Burlingame Kans.

FATHER

13. NAME: Sam Marshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kans

MOTHER

15. MAIDEN NAME: Jennie Pugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kans

17. INFORMANT (ADDRESS): Mrs Vida Helm Carrollton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Q. Oak Hill DATE: 6-25, 1935

19. UNDERTAKER (ADDRESS): L. Tandley Carrollton, Mo

20. FILED: 6-24, 1935 Ruth Haskins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22, 1935

22. I HEREBY CERTIFY That I attended deceased from June 14, 1935 to June 22, 1935
I last saw her alive on June 14, 1935 Death is said to have occurred on the date stated above, at 8:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance: none

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

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) B. Hamilton Slaton M. D.
(Address) Carrollton, 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 31 1949