

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Blackwater  
Township  
City Blackwater (No. ....)

Registration District No. 217  
Primary Registration District No. 4131

File No. 44198  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 David C. Nunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
72 7 — 2 min.

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

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) Dec 13 - 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

13. NAME Charles Figgins

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

15. MAIDEN NAME Susan White

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

17. INFORMANT Mrs Grace Jeffers (ADDRESS) ....

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonell-Mo Walnut Grove DATE Dec 21, 1936

19. UNDERTAKER Schwitzky - Garner (ADDRESS) Boonell, Mo

20. FILED 12-20 1936 H. J. Foy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1936, to Dec 20, 1936

I last saw her alive on Dec 20, 1936 Death is said to have occurred on the date stated above, at 12 m.

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

Influenza  
Pneumonia  
Date of onset

Other contributory causes of importance:  
Chronic Myocarditis

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? .....

If so, specify  
(Signed) J. W. Hunt, D.O.  
(Address) Blackwater, Mo

