REC'D DEC 15 1938

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

38511
Do not use this space.

1. PLACE OF DEATH
(a) County: Barry. Registration District No.: 31
(b) Township: Purdy. Primary Registration District No.: 5044 Registered No.: 32
(c) City: (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAWSON HARSON NUNLEY
(a) Residence, No. 540 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Malinda Nunley.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 13-1854
7. AGE: Years 84 Months 7 Days 13 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: Farming.
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): Ark.

FATHER
13. NAME: unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER
15. MAIDEN NAME: Clarcy Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT: Ellis Nunley.
(ADDRESS) Monett, Mo. R.F.D.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elk City, Okla DATE Nov. 30, 1938
19. FUNERAL DIRECTOR (NAME) B. Jackenshaff
(ADDRESS) Monett, Missouri
20. FILED Nov. 28, 1938 Donald Blackburn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1938
22. I HEREBY CERTIFY That I attended deceased from Nov 11, 1938, to Nov 27, 1938
I last saw him alive on Nov 12, 1938 Death is said to have occurred on the date stated above, at 5:50 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset: Nov 11-11-38

Cerebral Hemorrhage
8 Days

Other contributory causes of importance:
Lt. Pneumonia
Arteriosclerosis
Senility

Name of operation: Date of:
What test confirmed diagnosis? Only 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. D. Baldwin M.D.
(Address) Purdy Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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RECEIVED
District Health Officer No. 6,
District File Number 6-38-654
Date Filed DEC 5 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.