

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

Do not use this space.

21055

1. PLACE OF DEATH

County Dunklin Registration District No. 289
Township _____ Primary Registration District No. 4173
City Malden (No. _____) St. _____ Ward _____

File No. _____
Registered No. 34 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Nuss</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23 1944</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>87</u>	<u>1</u>	<u>7</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <u>✓</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>				
FATHER	13. NAME <u>Melzer Nuss</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
	15. MAIDEN NAME <u>Dont Know</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>			
	17. INFORMANT <u>M. L. Nuss</u> (ADDRESS) <u>malden mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sweet Home</u> DATE <u>7-1-1931</u>				
19. UNDERTAKER <u>W. L. Craig</u> (ADDRESS) <u>Graben mo.</u>				
20. FILED <u>6-30</u> 19. <u>31</u> <u>S. B. Mitchell</u> Registrar				

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1931

22. I HEREBY CERTIFY That I attended deceased from June 25 1931 to June 30 1931
I last saw him alive on June 25 1931. Death is said to have occurred on the date stated above, at 4:15 a. m.
The principal cause of death and related causes of importance were as follows:
Stroke 20-1931.
Politis
120? 120
Other contributory causes of importance:
Patient refused nourishment all through sickness.

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) George Dalton, M. D.
(Address) 209 Beckwith, Malden mo

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.

JUL 24 1931

