

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

Do not use this space.

1232

1. PLACE OF DEATH

County Jackson
Township Boyer
City Independence (No. _____ St. _____ Ward _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 7

2. FULL NAME

Coleman Thompson Nunnally
(a) Residence, No. 717 So. Willis St., 4th Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie Nunnally</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 31, 1856</u>		
7. AGE <u>76</u>	YEARS <u>—</u>	MONTHS <u>—</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R.R. Employee</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1927</u>	11. Total time (years) spent in this occupation <u>35</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Danville Mo.</u>		
MOTHER	13. NAME <u>William Baker Nunnally</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dinwiddie County Virginia</u>	
	15. MAIDEN NAME <u>Harriet Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski Tenn</u>	
17. INFORMANT (ADDRESS) <u>Daughter, Alta C. Nunnally 717 So. Willis St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Independence Woodlawn</u> DATE <u>January 6 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. Mitchell Independence Missouri</u>		
20. FILED <u>Jan. 5 1933</u> <u>Dr. F. L. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 28 1932 to Jan 4 1933.
I last saw him alive on Jan 2 1932. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:
Empyema
Influenza - Bronchopneumonia
Other contributory causes of importance: None

Name of operation Resection of Empyema Date of Dec. 28-31
What test confirmed diagnosis? Chemical. 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? _____
If so, specify _____

(Signed) J. C. Hicken, M. D.
(Address) Independence 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.

FEB 28 1933

JUN 28 1948