

FD-203 1-1-40

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

Do not use this space.

12778

1. PLACE OF DEATH

County Wayne Registration District No. 892 File No. _____
Township Williams Primary Registration District No. 6193 Registered No. 2
City _____ (No. 2) _____ St. _____ Ward _____

2. FULL NAME

5th Rebecca Ellen Nunn
(a) Residence, No. Williamsville, Mo. St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Wesley Nunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 4 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) St. Francis Co. Mo.

FATHER
13. NAME Henry Frye

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

MOTHER
15. MAIDEN NAME Malenda Flemming

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis, Mo.

17. INFORMANT (ADDRESS) Therman Nunn, Williamsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Creek Cem DATE Feb 9 1940

19. UNDERTAKER (ADDRESS) none

20. FILED Feb 9 1940 Wm. H. O'Neil Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1940 to Feb 8 1940

I last saw her alive on Feb 2 1940. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Colitis Date of onset 1/2/40

Other contributory causes of importance: Malnutrition

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) Geo. L. Qualls M. D.
(Address) Poplar Bluff, 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.

