JUN 23 1934

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

Do not use this space.

17278

1. PLACE OF DEATH
County La Fayette — Registration District No. 461 — File No. 44
Township Lexington — Primary Registration District No. 5625 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Harold Gilbert Nance
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1924
7. AGE YEARS 9 MONTHS 8 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub School
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) Lexington Mo

FATHER
13. NAME James B. Nance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant Co. Ind.

MOTHER
15. MAIDEN NAME Minnie P. LaForce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Co Kans

17. INFORMANT (ADDRESS) James B. Nance Lexington Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo DATE May 25 1934
19. UNDERTAKER (ADDRESS) Ernest Figers Lexington Mo
20. FILED May 24 1934 Faye Powell Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1934, to May 23, 1934
I last saw him alive on May 23, 1934 Death is said to have occurred on the date stated above, at 2:23 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	May 8th 1934

18

Other contributory causes of importance:

18

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) F. A. Mann, M. D.
(Address) Wellington Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No.
Township Lexington — Primary Registration District No. 5625 — Registered No. 44
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Harold Gilbert Nance

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE — YEARS: 9 — MONTHS: 8 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

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

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED July 5, 1934 (Faye Brill Bates) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis	
Epidemic type	

Other contributory causes of importance:

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) F. N. Mann, M. D.
(Address) Wellington
By F.B.B. NW

SUPPLEMENTARY

S-17278