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 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 23703
Township — Primary Registration District No. 2001 — Registered No. 484
City Springfield (No. 1404 S. Fort St. Ward)

2. FULL NAME John Edward Vallance
(a) Residence, No. 1404 S. Fort St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1937
7. AGE: ✓ YEARS: 0 MONTHS: 0 DAYS: 0 If LESS than 1 day, 5 hrs. or min.

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

FATHER
13. NAME Glenn Vallance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson, Mo.

MOTHER
15. MAIDEN NAME Oena Sheets
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson, Mo.

17. INFORMANT (ADDRESS) Glenn Vallance Springfield, Mo. 1404 S. Fort
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE June 6, 1937
19. UNDERTAKER (ADDRESS) F. C. Quiene Springfield, Mo.
20. FILED June 6, 1937 Chas A George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937, to June 5, 1937
I last saw her alive on June 5, 1937. Death is said to have occurred on the date stated above, at 1 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Face presentation	
Delivery was made but	
patient (baby) failed to survive	
Ideal.	

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) J V B Crane, M. D.
(Address) 317 College Springfield, Mo.