

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Jefferson
City Jefferson

Registration District No. 165
Primary Registration District No. 5230

File No. 6414
Registered No. 57
St. _____ Ward)

2. FULL NAME

(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.

John Garrett Nance 520

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 1 28

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

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) Cedar Co. Mo.

MOTHER FATHER 13. NAME Barton C. Nance

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

MOTHER FATHER 15. MAIDEN NAME Mary Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) J. Nance 5811-Rowles R.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 3-1-38

19. UNDERTAKER (ADDRESS) W. G. Davis Hla. St. Charles

20. FILED 3-1-38 Mrs. W. A. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938, to Feb. 27, 1938

I last saw him alive on Feb. 27, 1938 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:

Heart block
Ventricular fibrillation
mitral regurgitation 92.0 -

Other contributory causes of importance:

Name of operation _____ 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? no 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) J. S. Severe, M. D.
(Address) St. Charles Mo.

