

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

Do not use this space.

33074

1. PLACE OF DEATH

County.....Buchanan
Township.....
City.....St. Joseph, (No.....1416 So. 10th. St......St.Ward)

85

Registration District No.....

Primary Registration District No. 1001

File No.....

Registered No. 1236

2. FULL NAME

James B. 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 30 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)

Married

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

Hannah Nance

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

Feb. 16, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

67

8

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....Teamster

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Osceola, Iowa.

10. NAME OF FATHER

Moscow V. Nance

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

Indiana

12. MAIDEN NAME OF MOTHER

Lula Bonar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Osceola, Iowa.

14.

INFORMANT.....
(Address)

Mrs. Hannah Nance

1416 So. 10th. St.

15.

FILED.....

191929

John E. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1929, to Oct 24, 1929 that I last saw h. ill alive on Oct 24, 1929, and that death occurred, on the date stated above, at 12.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aneurysm of arch of
a. aorta
59 (duration) Unknown mos. ds.
CONTRIBUTORY Diabetes Mellitus
(SECONDARY) (duration) Unknown mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Herbert Beck M. D.

Oct. 25, 1929 (Address) Lincoln Bldg St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Auburn Cemetery

Oct. 28, 1929

20. UNDERTAKER

ADDRESS

Walter Meischner 1302 Faraon St.

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.

11
89
6
1929

