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

Do not use this space.

14723

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis Mo. No..... Barnes Hospital St..... Ward)

File No. 4127

Registered No.....

2. FULL NAME Oliver Odell Nance

(a) Residence. No. 6129 Colorado 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	9	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wesley Nance

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Jane McReally.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mo

14. INFORMANT Rosetta Nance
(Address) 6129 Colorado Ave.

15. FILED Apr 21 1930 Max O Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 22 1930

17. I HEREBY CERTIFY, That I attended deceased from 2 - 12, 1930, to 4 - 22, 1930, that I last saw him alive on 4 - 22 -, 1930, and that death occurred, on the date stated above, at 2:32 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of ~~Leg~~ Thigh - (Left)
5 - E
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Spread of Sarcoma
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinic
(Signed) W. L. Harman, M. D.
Apr 1 1930 (Address) Barnes Hospital

*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 Oakdale Cem. DATE OF BURIAL Apr 1/26 1930

20. UNDERTAKER W. C. Gordon Und. Co. ADDRESS 2649 Morgan St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.