

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

Do not use this space.

15498

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 18 Township Primary Registration District No. 8009
 City (No. 480 North Street) St. Ward

2. FULL NAME Miss Oma Idella 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.

File No.

Registered No. 116

St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 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 10-1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>27</u>	<u>7</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None as of date

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 244

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) Atterville Mo

FATHER

13. NAME Alford Nance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

MOTHER

15. MAIDEN NAME Fanny Rensro

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT Miss Ollie Nance
 (ADDRESS) 480 North Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Atterville Mo DATE 5-18 1932

19. UNDERTAKER
 (ADDRESS) Cape Girardeau Mo

20. FILED 5/17 1932 E. W. Hemphre
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6th 1932 to May 15th 1932
 I last saw her alive on May 15th 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Abscess of the brain Date of onset about May 2/32
113
784 11(B)
 Other contributory causes of importance: Diphtheria (1)
 Name of operation Date of
 What test confirmed diagnosis? Symptoms 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? no
 If so, specify
 (Signed) E. B. Schuk M. D.
 (Address) Cape Girardeau, Mo.

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

MARGIN RESERVED FOR BINDING

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.

MAY 28 1932

