

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

Do not use this space.

26075

File No. _____
Registered No. 254 St. _____ Ward _____

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Blue Primary Registration District No. 3019
 8 City Independence (No. Independence Ave.) St. _____ Ward _____
 2. FULL NAME Nannie Pence
 (a) Residence, No. 8607 Independence Rd. 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gas. Palk Pence
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-7-1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 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) Kentucky
 13. NAME Le Roy Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Quinn Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Geo. Pierce
 (ADDRESS) 8607 Independence Road
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8-13-32
 19. UNDERTAKER Mrs. L. Foster
 (ADDRESS) 918 Brooklyn av.
 20. FILED Aug 10 1932 Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-9-1932
 22. I HEREBY CERTIFY, That I attended deceased from 8/1/32, 19____, to 8/9, 1932
 I last saw h. alive on 8/9, 1932. Death is said to have occurred on the date stated above, at 10:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic 1862 Date of onset _____
Chronic Nephritis 1860 Date of onset _____
1860 1861 14

Other contributory causes of importance:
Fractured leg 60 days ago (accidental)
144 pa. state pneumonia 30 days ago.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Micro 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 6/10 1932
 Where did injury occur? 100 rd. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury fall
 Nature of injury Fracture R. Hip

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. Black M. D.
 (Address) 18507 Independence Ave. Reno.

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.

SEP 25 1932

WHITE PAPER WITH OYDING INK—THIS IS A PERMANENT RECORD

