

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

Do not use this space.

19153

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
 Township Sublet Primary Registration District No. 07700
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Elen 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct - 1915</u>		
7. AGE	YEARS <u>19</u>	MONTHS <u>8</u>
	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Whitewater Mo.</u>		
FATHER	13. NAME <u>E. Nancey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burfordville Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Effie Davis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burfordville Mo.</u>	
17. INFORMANT (ADDRESS) <u>E. Nancey Delta Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem. 6-21, 1935</u>		
19. UNDERTAKER (ADDRESS)		
20. FILED 19 _____ Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1930

22. I HEREBY CERTIFY, that I attended deceased from June 20, 1935, to June 20, 1931
 I last saw h. alive on June 20, 1935. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
fracture of skull.

Other contributory causes of importance:
MS

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident of injury June 20, 1935
 Where did injury occur? Delta Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury fight
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) W. W. Daulton D.
 (Address) Albionville Mo.

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.

1875

1876

1877



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

Letter Out.

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

Do not use this space.

1. PLACE OF DEATH

County... Cape Girardeau... Registration District No.
Township Hibbel... Primary Registration District No.
City... (No. Delta Mo.)... St. Ward)

File No.
Registered No.

2. FULL NAME Glen Nance

(a) Residence, No. Delta Mo. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 19 35

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1915

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 11 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19. 10. 5.

The principal cause of death and related causes of importance were as follows:
Concussion And laceration of Skull. Date of onset

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

Other contributory causes of importance None.

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) White Water, Mo.

13. NAME E. A. Nance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordsville, Mo.

15. MAIDEN NAME Effie Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burfordsville, Mo.

17. INFORMANT E. A. Nance (ADDRESS) Delta Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemt. DATE June 21, 19 35

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau Mo.

20. FILED 8-8-35 19 35 J.M. Stepler Registrar.

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?..... Date of injury 6-20- 19 35

Where did injury occur? at his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Caused by a blow struck by

Nature of injury Norman Nance

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) J. A. Moore M.P.

(Address) Corner.

TEMPORARILY SUPPLEMENTARY

5-19/53

OFFICE OF THE ATTORNEY GENERAL