

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.

MISSOURI STATE BOARD OF HEALTH

FEB 19 1936

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1928
6

1. PLACE OF DEATH

County Lafayette Registration District No. 461
Township Lexington Primary Registration District No. 5625
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME James Bertram 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Pearl Laforce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 26, 1877</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>4</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Geo. W. Nance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Evelyn Lloyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Minnie L. Nance, Wellington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Jan. 26, 1936

19. UNDERTAKER (ADDRESS) Winkler, Lexington, Mo.

20. FILED Jan 26 1936 Jays Belle Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936 to Jan 24, 1936. I last saw him alive on Jan 24, 1936. Death is said to have occurred on the date stated above, at 11:55PM. The principal cause of death and related causes of importance were as follows:

Lober Pneumonia Date of onset Jan 17/36

Other contributory causes of importance 108

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? _____ 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? _____
If so, specify _____
(Signed) J. H. Morgan, M. D.
(Address) Wellington, Mo.

