Oct - Montana authorized by Coroner of St. Louis County
Death Certificate in St. Louis
Filed by that officer.

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

Do not use this space.

DEC 4 1936

File No. 39943
Registered No. 392

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City ~~Koch~~ (No. Koch Hospital St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 B

2. FULL NAME Nathan Nance
(a) Residence, No. 4109 Enright Ave. 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-2-1906

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
29	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) Jan. 1934
11. Total time (years) spent in this occupation 5

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

FATHER
13. NAME Willis L Nance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Betty Perry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Koch Hospital records Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fort Smith Ark. DATE Oct. 12, 1936

19. UNDERTAKER W. O. Gordon Undertaker
(ADDRESS) 2649-51 Wellman Blvd.

20. FILED Oct 12 1936 L Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-31-34, 19..., to 10-9-36, 19...
I last saw him alive on 10-9-36, 19... Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left thoracoplasty with hernia of mediastinum	10-9-36

Other contributory causes of importance: Pulmonary tuberculosis

Name of operation Left thoracoplasty Date of 10-9-36
What test confirmed diagnosis X-ray & sputum Was there an autopsy? yes

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) Joseph T. Mahr, M. D.
(Address) Koch Hospital--Koch, 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.

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

20M-2-19-36 I X7284