

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  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

44403

JAN 19 1937

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield (No. 1253, N. Lawrence) St. Springfield Ward 1028

File No. 1028  
Registered No. 1028

2. FULL NAME

Delice Estel Nance

(a) Residence, No. 1253 N. Lawrence St., Springfield Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1907  
7. AGE YEARS 29 MONTHS 5 DAYS 18  
If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. florist  
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) Kansas City, Mo.

13. NAME B. R. Nance

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

15. MAIDEN NAME Mary Ann Huff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Paso, Tex.

17. INFORMANT (ADDRESS) Fern Nance

18. BURIAL CREMATION OR REMOVAL PLACE Springfield DATE Dec. 16, 1936

19. UNDERTAKER (ADDRESS) Springfield, Mo.

20. FILED Dec 16 1936 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1936

I HEREBY CERTIFY That I attended deceased from Dec 1, 1936 to Dec 14, 1936  
I last saw her alive on Dec 14, 1936. Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 12/14/36

Other contributory causes of importance: MI

Name of operation Lapotomy Date of 12/13/36  
What test confirmed diagnosis? Lapotomy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? MI Date of injury 12/13/36  
Where did injury occur? MI (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury MI  
Nature of injury MI

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Robert Gunn (Signed) Springfield M. D.  
(Address)

1102

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

Do not use this space.

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. ....)

File No. ....

Registered No. 1028

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1253 N. Florence 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... mths

29 5 18

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Mar 15 1937 Chas A George Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... , 19.....

I last saw h. .... alive on ..... , 19..... Death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

No further information

Name of operation Laparotomy & Exploration

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) Robert Elyon , M. D.

(Address) Springfield 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.

**SUPPLEMENTAL**

S-44403