

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.

Dr. J. W. Anderson
 WARREN MO 1937

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

Do not use this space.

6903

1. PLACE OF DEATH
 County Johnson Registration District No. 429
 Township Washington Primary Registration District No. 5384
 City (No. _____) St. _____ Ward _____

2. FULL NAME Vallandigham Nace
 (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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-15-1862</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>4</u>	DAYS <u>2</u>
		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>Ohio</u>		
FATHER	13. NAME <u>Joseph. H. Nace</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Woods</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Vally Nace</u> (ADDRESS) <u>Knob notes mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Grove</u> DATE <u>2-18-37</u>		
19. UNDERTAKER <u>C. L. Saults</u> (ADDRESS) <u>Knob notes mo</u>		
20. FILED <u>Feb 14 1937</u> of a <u>Rock</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-17-1937

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936, to Feb 17, 1937
 I last saw him alive on Feb 14, 1937 Death is said to have occurred on the date stated above, at 5 a m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Prostate Date of onset Feb 1936

Other contributory causes of importance: age

Name of operation none 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? no 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) John T. Anderson M. D.
 (Address) Warrensburg Mo

