SEP 17 1937

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

Do not use this space.

30744

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No. 682A

Township S. Campbell — Primary Registration District No. 5440 — Registered No.

City ~~Springfield~~ (No. 1 U.S. Federal Hospital St. Ward)

2. FULL NAME NACE, Esco

(a) Residence, No. St., Ward. Cleveland, Ohio
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-21-05

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
31	31	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile
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) Wood, Penna.

FATHER

13. NAME John Nace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

17. INFORMANT (ADDRESS) Deceased

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
PLACE Saltillo, Pa. DATE 8-29 1937

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Missouri

20. FILED Aug 29 1937 Chas A George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, 19, to Aug. 27, 1937, 19

I last saw him alive on Aug. 27, 1937, 19 Death is said to have occurred on the date stated above, at 6:11 a.m.

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

	Date of onset
Colloid Carcinoma of Colon	1936

46

Other contributory causes of importance: None

Name of operation Colostomy Date of 1936

What test confirmed diagnosis? Autopsy 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? —

If so, specify

(Signed) T. H. Smith, A.A. Surgeon, M. D.

(Address) Clinical Director, USHDD Springfield, Missouri

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.