DEC'D MAY 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 13678
Township Kaw — Primary Registration District No. 1002 — Registered No. 1658
City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME John G. Nance
(a) Residence, No. 5200 Wornall--Johnson County, Kansas
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1891

7. AGE — YEARS 46 — MONTHS 11 — DAYS 25 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soap maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proctor & Gamble
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri

FATHER
13. NAME Bird Nance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lina Crockett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Maude E. Nance 5200 Wornall--Johnson Co, Ks

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE Apr. 19, 1938

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED Apr 19, 1938 [illegible] Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1937, to Apr 17, 1938
I last saw h. in alive on Apr 16, 1938. Death is said to have occurred on the date stated above, at 2:10 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| Carcinoma - Recto Sigmoid colon | 4 |

Other contributory causes of importance:

Name of operation none Date of
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? no
If so, specify
(Signed) J. E. Castles, M. D.
(Address) 1002 Argyle Bldg K.C. 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.

Dr Hobbs
argyle Bldg
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