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.

REC'D JUL 12 1938

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
File No. 20128
Registered No. 5267

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. 500 So Kingshighway St. Louis Children's Hospital St. Ward)

2. FULL NAME David Hance
(a) Residence, No. Sullivan, Mo. St., RR Ward. 520
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Never 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-30-38

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 10 | |

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.: Child
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): Sullivan, Mo. U

FATHER
13. NAME: Earl J. Hance U
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo

MOTHER
15. MAIDEN NAME: Mabel Kohlbrecher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT: C. Schroeder
(ADDRESS): 516 So Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan Mo DATE 6-11 1938

19. UNDERTAKER: Tom Scheaffer
(ADDRESS): Sullivan Mo

20. FILED JUN 9 1938 J. D. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-2-38, 19 to 6-9-38, 19
I last saw h. l. m. alive on 6-9-38, 19 Death is said to have occurred on the date stated above, at 12:05 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia, Primary | |

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? + rays Was there an autopsy? No

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) Ralph N Barlow, M. D.
(Address) 500 S. Kingshighway