

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

Do not use this space.

37490

NOV 20 1939

**1. PLACE OF DEATH**

County Warren Registration District No. 882  
Township Hickory Grove Primary Registration District No. 6174  
City West of Wright City, Mo.

File No. \_\_\_\_\_  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Nance  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Monett Mo

13. NAME Essie Division 1  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
15. MAIDEN NAME Willa Nance  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT D. W. Nance  
(ADDRESS) Wright City, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Nov 16 1939

19. UNDERTAKER Dreiburg and Co  
(ADDRESS) Wright City, Mo.

20. FILED 11/16 1939 Felina Dreiburg Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from February, 1939, to Nov., 1939  
I last saw him alive on 11/14, 1939. Death is said to have occurred on the date stated above, at 6 p. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
" Hepatitis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 12/1  
Asmia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? X6  
If so, specify \_\_\_\_\_  
(Signed) Phy B. J. Silliman, M. D.  
Wright City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

