

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.

NOV 20 1934

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

Do not use this space.

1. PLACE OF DEATH  
89 County St. Louis Registration District No. 744  
6 Township Richmond Primary Registration District No. 3035  
4 City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Chas. Andrew Rice

(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.

File No. 33853  
Registered No. 121

## 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 Mrs. Charles Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
79 02 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Richmond Missouri

MOTHER FATHER 13. NAME William David Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary E. Dingo

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

17. INFORMANT Mrs. Charles Rice  
(ADDRESS) Richmond Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE City Cemetery DATE September 21, 1934

19. UNDERTAKER W. H. Mansour  
(ADDRESS) Richmond Missouri

20. FILED 11-19, 19 34 E. E. Rely Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to Sept. 13, 1934

I last saw him alive on Sept. 13, 1934 Death is said to have occurred on the date stated above, at 3:30 a. m.

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

General Cerebrity Date of onset \_\_\_\_\_

Other contributory causes of importance: arteriosclerosis

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? \_\_\_\_\_ 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) W. H. Mansour, M. D.

(Address) Richmond Mo.

