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

Do not use this space.

10101

APR 25 1934

1. PLACE OF DEATH
County: Randolph — Registration District No.: 735 — File No.:
Township: — Primary Registration District No.: 3034 — Registered No.: 46
City: Moberly (No. McCormick Hospital St. Ward)

2. FULL NAME: Robert D. Rice
(a) Residence. No. (Usual place of abode): Moberly, Mo. St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch. 15th 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	0	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Robert Rice
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Margaret Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Mrs. Daisy Rice
(Address): Moberly Mo

15. FILED 3/23, 1934 Virginia Wall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/21 1934

17. I HEREBY CERTIFY, That I attended deceased from 3/16, 1934 to 3/21, 1934, that I last saw him alive on 3/21, 1934, and that death occurred, on the date stated above, at 7.50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetis Mellitus
Fever (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Gangrene of foot
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 3-17-34
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical.
(Signed) F. L. McCormick, M. D.
, 19 (Address) Moberly Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Moberly. Mo — DATE OF BURIAL: 3-23rd 1934
20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.