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.

SEP 18 1936

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

Do not use this space.

30106

1. PLACE OF DEATH
County Calloway
Township
City Fulton (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 272

2. FULL NAME Joe Anna 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 D.K. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 D. K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1851

7. AGE YEARS 85 ~~89~~ MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. D K
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D. K.
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) D. K.

FATHER
13. NAME D. K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K

MOTHER
15. MAIDEN NAME D. K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K

17. INFORMANT (ADDRESS) State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles, Mo DATE Aug. 26, 1936

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton, Mo.

20. FILED Aug 26, 1936 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936, to Aug. 26, 1936
I last saw her alive on Aug 26, 1936 Death is said to have occurred on the date stated above, at 11 00 m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

Other contributory causes of importance:

Fracture of right hip
Senility

Name of operation None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. A. Barnett, M. D.
(Address) State Hosp. No. 1
Fulton, Mo

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

Do not use this space.

1. PLACE OF DEATH
County: Calloway
Registration District No.: 104
File No.:
Township:
Primary Registration District No.: 3008
Registered No.: 272
City: Fulton (No. , St. Ward)

2. FULL NAME: Joe. Anna 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): m

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

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

7. AGE: YEARS 85 — MONTHS 1 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

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.
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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct 4 1936 R. N. Crews
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1936

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

Date of onset

Other contributory causes of importance: Fracture of right hip

Name of operation Date
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? Accident Date of injury July 25 1936
Where did injury occur? Fulton — Calloway County — Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In State Hosp. #1.
Manner of injury Fell getting out of bed
Nature of injury hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. A. Barnett, M. D.
(Address) State Hosp. #1 Fulton Mo.

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

SUPPLEMENTARY

30106