

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

Do not use this space.

1. PLACE OF DEATH

County Adair

Registration District No. H 3001

File No. 1856

Township Kirkville, Mo

Primary Registration District No. 3001

Registered No. 23

City Kirkville, Mo (No. _____) St. _____ Ward _____

2. FULL NAME Margie Marie Rice 200

(a) Residence, No. 1102 N. Edgar 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 W 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-6-30

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>8</u>		<u>1</u>	<u>2</u>	

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) Connellsville, Mo. (STATE OR COUNTRY)

MOTHER / FATHER 13. NAME David F. Rice

14. BIRTHPLACE (CITY OR TOWN) Oppose Co. Ia (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sueida Clay

16. BIRTHPLACE (CITY OR TOWN) Grundy Co (STATE OR COUNTRY)

17. INFORMANT David F. Rice (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger DATE 2-15 1938

19. UNDERTAKER Doc Riley (ADDRESS)

20. FILED Feb 4, 1938 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1938, to Feb 4 1938

I last saw her alive on Feb 4 1938 Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Diabetes Mellitus
Diabetic Coma

Date of onset _____

Other contributory causes of importance: _____

RECEIVED

Name of operation _____ Date of _____

What test confirmed diagnosis FEB 21 1938 Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide of injury _____, 19 _____

Where did injury occur? MO. STATE BOARD OF HEALTH (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) A. D. McClure M. D.

(Address) Kirkville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

