

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

Do not use this space.

1. PLACE OF DEATH

52 County Knox Registration District No. 447 File No. 3216
 Township Burbon Primary Registration District No. 5607 Registered No. _____
 City Pleona (No. _____) 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 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 James R. Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 14

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

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) Knox, Co.

MOTHER 13. NAME Salomon Pence

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

15. MAIDEN NAME Susan Hickman

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

17. INFORMANT (ADDRESS) J. R. Rice Pleona Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pedar Grove DATE Jan - 15 - 1938

19. UNDERTAKER (ADDRESS) W. Haverley Bethel Mo.

20. FILED Feb 4 1938 Frank Baldwin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 15 1938, to Jan 17 1938
 I last saw h. ER alive on Jan 17 1937. Death is said to have occurred on the date stated above, at 2:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
 Date of onset Jan 15 1938

Other contributory causes of importance:
Chronic Nephritis
Arterio Sclerosis (Calcium)
Senility

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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?
 If so, specify _____
 (Signed) Waldo B. Isaac, M. D.
 (Address) Kewport, Mo.

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

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Submitted March 28 1938