

REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Walden
Township Waller
City Waller (No. 1)

Registration District No. 264
Primary Registration District No. 5367

File No. 10613
Registered No. _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Nancy Kate Rice
Waller Mo. RR# 200

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 4

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

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) Rebechesy - 1

13. NAME Robertin & Hardy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky - 1

15. MAIDEN NAME Emily M. Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky - 1

17. INFORMANT (ADDRESS) J. G. Rice

18. BURIAL, CREMATION, OR REMOVAL PLACE Waller DATE 3-20-38

19. UNDERTAKER (ADDRESS) R. S. Sargent

20. FILED 3-20-38 1938 Mrs. Kessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to March 18, 1938

I last saw him alive on March 17, 1938 Death is said to have occurred on the date stated above, at 3:40 a.m.

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

Cerebral Hemorrhage
186" 14"
Other contributory causes of importance: accident
Fall

Name of operation _____ 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 _____, 1938

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) J. G. Rice, M. D.

(Address) Waller

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10613
Do not use this space.

1. PLACE OF DEATH

(a) County DePue Registration District No. 264
(b) Township Grant Primary Registration District No. 5367 Registered No.
(c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (0) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mandy Kate Reed
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
97 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1938

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:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: 1800

Name of operation 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 3/18 1938
Where did injury occur? her home - death (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury caught foot in rug on floor
Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Franko Hedges, M. D.
(Address) Pattonsburg, Mo.

SUPPLEMENTARY

