

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 26945

1 PLACE OF DEATH
County: Wright
Township: _____
or
Village: Mansfield
or
City: _____ (NO _____ St.: _____ Ward)

Registration District No. 907 File No. _____
Primary Registration District No. 4548 Registered No. 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Kinsey Rice

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Dec 21 1915
(Month) (Day) (Year)

7 AGE 6 mos. 20 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work at home
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Mo.

PARENTS
10 NAME OF FATHER Leslie Rice
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Arkansas
12 MAIDEN NAME OF MOTHER Verta Gaskill
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leslie Rice
(Address) Mansfield

15 Filed July 12 1916 J. A. Fuson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 9 1916 to July 11 1916 that I last saw him alive on July 11 1916 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:
Cholera Infantum
1198 104
(Duration) 7 yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. A. Fuson M. D.
July 12 1916 (Address) Mansfield

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Newton Cemetery DATE OF BURIAL July 12 1916

20 UNDERTAKER J. F. Lenhart ADDRESS Mansfield

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.

