

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

1 PLACE OF DEATH

County Randolph Registration District No. 737 File No. 23134  
Township Marion or Village 5942 Primary Registration District No. 5942 Registered No. 34  
City (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Spencer Pittman Rice

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE W MARRIED W WIDOWED W OR DIVORCED (Write the word)

6 DATE OF BIRTH Apr 15 1839  
(Month) (Day) (Year)

7 AGE 80 yrs. 3 mos. 8 ds. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER Wm H Rice  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky  
12 MAIDEN NAME OF MOTHER Don't Know  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J Rice  
(Address) Jacksonville

15 Filed Aug 13 1919 O. F. Hatton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 23 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 18 1919, to July 21 1919, that I last saw him alive on July 21 1919, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Chronic Interstitial Nephritis  
131  
1948  
(Duration) 10 yrs. 10 mos. 10 ds.

CONTRIBUTORY (Secondary) Exposure  
(Duration) 10 yrs. 10 mos. 10 ds.  
(Signed) W. A. Davis M. D.  
7-25 1919 (Address) Jacksonville Mo

\*State the Disease Causing Death, or in deaths 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 10 yrs. 10 mos. 10 ds. In the State 10 yrs. 10 mos. 10 ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Barnhart Cemetery DATE OF BURIAL 7-25 1919

20 UNDERTAKER Dr. Snow ADDRESS Jacksonville

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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But

in industrial employments, and of work and also industry, and there-  
ided for the latter only when needed.  
otton mill; (a) Sales-  
) Automobile factory.  
m part of the second  
borer," "Foreman,"

"Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless im-

portant. Exam  
29 ds.; Bron  
Never report m  
such as "Asthei  
atic), "Atroph  
sions," "Debili  
"Dropsy," "Ex  
orrhage," "Ina  
"Shock," "Ura  
definite disease  
Always qualify  
birth or miscari  
"PUERPERAL  
which surgical

VIOLENT DEATHS STATE MEANS OF INJURY AND QUANTITY AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR AS probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)