

MAY 28 1927

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

Do not use this space.

12268

1. PLACE OF DEATH

County Livingston
Township Chellecothe
City Chellecothe (No.)

Registration District No. 508
Primary Registration District No. 3024

File No.
Registered No. 37- St. Ward)

2. FULL NAME Cluster F. Grice

(a) Residence. No. St. Ward.
(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Sept. 22 - 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 6 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Linn Co Mo

PARENTS

10. NAME OF FATHER Leonard Grice

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Linn Co Mo

12. MAIDEN NAME OF MOTHER Bertie M Peterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Kansas

14. INFORMANT Leonard Grice
(Address) Linn Co. Mo. R. 5

15. FILED 4-4-27 Reuben Barney REGISTER

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/2 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1927, to Apr. 2, 1927 that I last saw him alive on Apr. 2, 1927, and that death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis from ruptured appendix
12/11/27 (duration) yrs. mos. ds. 9

CONTRIBUTORY (SECONDARY) 11/7/27 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Linn Co. Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar. 26-27
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) Chingine, M. D.
4/4 - 1927 Address Chellecothe Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Miss Olive Linn Co April 27 1927
20. UNDERTAKER ADDRESS
F. B. Norman Chellecothe Mo.

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.

