

APR 24 1928

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

Do not use this space.

8502

1. PLACE OF DEATH

County Gentry
Township Athens
City (No.) St. Ward)

Registration District No. 309
Primary Registration District No. 5427

File No.
Registered No. 14

2. FULL NAME

Daniel Pitchford Rice

(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

3. SEX Male
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 Elizabeth Rice
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 27 - 1843
7. AGE 84 YEARS 6 MONTHS 18 DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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) Gentry Co., Mo.

10. NAME OF FATHER Wm Rice

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

12. MAIDEN NAME OF MOTHER Sarah Pitchford

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

14. Informant Mr. P. J. Jones (Address) Albany, Mo.

15. FILED Mar 20 1928 W. F. Probst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1928
17. I HEREBY CERTIFY That I attended deceased from March 1, 1928, to March 16, 1928, that I last saw her alive on March 16, 1928, and that death occurred, on the date stated above, at 7 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

angina pectoris
9 1/2 (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 84 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. H. Barger, M. D. 3/15, 1928 (Address) Albany, 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 Henton Cemetery DATE OF BURIAL March 17 1928

20. UNDERTAKER H. W. Barger & Son ADDRESS Albany, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

7 item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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