MAY 29 1928

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

Do not use this space.

12218

1. PLACE OF DEATH
County: Barton
Township: Central
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 44
Primary Registration District No. 5066

File No. .....
Registered No. 55

2. FULL NAME: Missouri 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: 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: William Rice ~~28 1841~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 28 - 1841

7. AGE: Years 86 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Retired Housewife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Not Known
(STATE OR COUNTRY): Boone Co Mo

PARENTS

10. NAME OF FATHER: John Brinegar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: W. A. Rice
(Address): Liberal Mo RF#1

15. FILED 4-26, 1928 G. E. Locker M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan-15th-, 1928, to April 25th, 1928 that I last saw him alive on April-25th, 1928, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Sigmoid - Colon
46C (duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 45 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. H. Popplewell, M. D
4-25th, 1928 (Address) Lamar, 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: Boshier Cemetery
DATE OF BURIAL: 4/26 1928

20. UNDERTAKER: Mitchell & Sam
ADDRESS: Jenico Spgs. Mo

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.