

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

Do not use this space.

*Stone*  
10353

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.

25 1929

PLACE OF DEATH  
County *Greene*  
Township *Taylor*  
City *(None)*

Registration District No. *944*  
Primary Registration District No. *5438*

File No. *8*  
Registered No. *8*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Virgil Lee Rice*  
(a) Residence. No. *1126 N. Broadway* *Springfield, Mo.*  
(Usual place of abode) (If non-resident 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) *Married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 2 - 1899*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *30 0 11*  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Auto Mechanic*  
(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) *Mo.*  
10. NAME OF FATHER *L. Rice*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*  
12. MAIDEN NAME OF MOTHER *Margaret Shields*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

14. INFORMANT (Address) *Mrs. L. Rice Springfield, Mo.*  
15. FILED *May 4, 1929* REGISTRAR *A. B. Rice*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 13 1929*  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw him alive on *March 13, 1929*, and that death occurred, on the date stated above, at *about 2 P. m.*)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Carbolic acid poisoning (Suicide)*  
*1630 minutes*  
(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) *166*  
(duration) yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? *no*  
WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_

(Signed) *Wm. C. Stone, Coroner, M. D.*  
*15, 1929 (Address) Springfield, Mo.*  
\*State the DISEASE CAUSING DEATH, or in death 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  
*Shields Cemetery Mar 19 1929*  
20. UNDERTAKER ADDRESS  
*Willingner Co. 424 6 Bond St. Springfield, Mo.*

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