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

Do not use this space.

40358

File No. .....

Registered No. 956

1. PLACE OF DEATH

County: Greene

Township: Springfield

City: (No. St. Louis Hospital St. Ward)

Registration District No.: D. Hoggbon (Medical Reg.) 318

Primary Registration District No.: 2001

2. FULL NAME: Wm. R. Rice

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

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Clevenger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4 1857

7. AGE: Years 72 Months 5 Days 23 If LESS than 1 day, ... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Jerry R. Rice

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

12. MAIDEN NAME OF MOTHER: Don't know

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

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14. INFORMANT: Mrs. W. R. Rice
(Address): Elsey Mo.

15. FILED 12/28, 1929 Geo. D. Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-21-29, 1929, to 12-27-29, 1929 that I last saw him alive on 12-26-29, 1929, and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hypertrophy of Prostate Gland 1331 1330 N

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Pyelonephritis

(duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-27-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

12/28, 1929 (Signed) Geo. D. Sharp, M. D.
(Address) Springfield 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: Quail Spring Mo.

DATE OF BURIAL: 12-30 1929

20. UNDERTAKER: W. J. Harris

ADDRESS: Walnut Park

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.

JAN 20 1930

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