

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

Do not use this space.

332

1. PLACE OF DEATH

County Butler Registration District No. 90
Towship Ash Hill Primary Registration District No. 3-134E
City Brasiley (No.) St. Ward)

2. FULL NAME Lucy Caroline Rice

(a) Residence. No. Brasiley, 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 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	60	9	8	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Saline Co.
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Wm. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co.
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Caroline Apple

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saline Co.
(STATE OR COUNTRY) Illinois

14. INFORMANT Tom Rice
(Address) Brasiley Mo.

15. FILED 1/28 1930 Wm J Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1930 7:30 P.M.

17. I HEREBY CERTIFY That I attended deceased from Dec. 30, 1929, to Jan. 27, 1930 that I last saw h. w. alive on Dec. 30, 1929, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
878
97
(duration) yrs. 2 mos. ds.
CONTRIBUTORY Arterio-Sclerosis
(SECONDARY)
(duration) yrs. 6 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. L. Blanton M. D.
, 19 (Address) Poplar Bluff 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 Mole Hill DATE OF BURIAL Jan 28 1930

20. UNDERTAKER A. W. Green ADDRESS Poplar Bluff 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.

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