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

Do not use this space.

1070

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 100 — Registered No. 55

City Kansas City (No. 7041 S. Benton St. Ward)

2. FULL NAME George Dice

(a) Residence. No. 7041 S. Benton St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie M. Dice

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	4	28	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Dr. Furland Dice

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

12. MAIDEN NAME OF MOTHER Caroline Halley

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

14. INFORMANT Mrs. Lottie M. Dice
(Address) 7041 S. Benton

15. FILED Jan 6, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-4 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1929, to Jan 4, 1930 that I last saw him alive on Jan 4, 1930 and that death occurred, on the date stated above, at 5 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Hemorrhage

3A

07A

(duration) Few minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary & Laryngeal T.B. & Bronchial Pneumonia (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? Clinical

(Signed) Roy U. Stevens, M. D.

1/4, 1930 (Address) 910 Realty Bldg

*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	DATE OF BURIAL
Utica, Mo.	Jan. 7, 1930

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	K. C. 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.