MAR 26 1930

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

Do not use this space.

85

4161

1. PLACE OF DEATH
County Buchanan Registration District No. 1001 File No.
Township Primary Registration District No. Registered No. 230
City St. Joseph Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Effie A Rice

(a) Residence. No. St., Ward. Cameron Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John O. Rice

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 3 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	0	17	

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

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

PARENTS

10. NAME OF FATHER George S Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pattonsburg
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Anna Lee Rice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hansville
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs G S Roberts
(Address) Pattonsburg Mo.

FEB 21 1930

15. FILED ..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1930, to 2/20, 1930 that I last saw her alive on 2/20, 1930, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis (acute)

1213

(duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Surgical Shock

(duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/18/30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys findings

2/21, 1930 (Signed) T O Pickard D.O.

(Address) St Joseph 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 Cameron Mo — DATE OF BURIAL Feb 22, 1930

20. UNDERTAKER Eleeman Funeral Home — ADDRESS 1946 Faulhaun

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.