

JUN 25 1930

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

Do not use this space.

16420

1. PLACE OF DEATH

County Jackson  
Township Orange's  
Sub. Lies Summit

Registration District No. H 273  
Primary Registration District No. H 273

File No. \_\_\_\_\_  
Registered No. 76  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Williams Rice

(a) Residence No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Martin Rice

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-10-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 2 13

B. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Payton (STATE OR COUNTRY) Mo

10. NAME OF FATHER Benj L Rice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY) N. C.

12. MAIDEN NAME OF MOTHER Jane Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY) West Va.

14. INFORMANT Allen Rice (Address) Lies Summit Mo

15. Mag W. W. James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-22-1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25 1930, to May 23 1930, that I last saw him alive on May 23 1930 and that death occurred, on the date stated above, at 9 O'clock P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Autotoxemia  
97 (duration) \_\_\_\_\_ yrs. mos. 3 ds.  
64 B

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) several 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? Physical  
(Signed) A. C. Swaney, M. D.

May 24 1930 (Address) Lies Summit 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 Brooking Cemetery DATE OF BURIAL May 25-1930

20. UNDERTAKER Lies Summit Mo  
Julia James Co. ADDRESS Lies Summit 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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