

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.

MAR 23

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

Do not use this space.

4728

1. PLACE OF DEATH

12 County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 5131
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 41 St. _____ Ward _____

2. FULL NAME

Laura Evelyn Rice
(a) Residence, No. H. R. #3 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 20, 1916</u>		
7. AGE YEARS <u>14</u>	MONTHS <u>3</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at school</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poplar Bluff, Mo.</u>		
13. NAME <u>Robert E. Rice</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baseyville, Macon Co., Mo.</u>		
15. MAIDEN NAME <u>Lena Holman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co., Mo.</u>		
17. INFORMANT (ADDRESS) <u>Robert E. Rice, Poplar Bluff</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>2-17</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Vird Co, Poplar Bluff</u>		
20. FILED <u>Feb 18, 1931</u> <u>D. J. Clup</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:
Killed by passenger motor car while riding in automobile at highway crossing where highway 60 crosses Frisco track 1 1/2 miles East of Poplar Bluff

Other contributory causes of importance:
2061-1

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury Feb 15, 1931
Where did injury occur? Poplar Bluff, Township
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury hit by moving train white motor automobile
Nature of injury mangled

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. Grover Green M. D.
(Address) Poplar Bluff, Mo.

