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 1931

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

Do not use this space.

4730

1. PLACE OF DEATH 12
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 33
City (No. , St. Ward)

2. FULL NAME Lena P. Rice
(a) Residence, No. R 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: 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: Robert E. Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19-1884

7. AGE: YEARS 46 — MONTHS 8 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph, Co Mo

FATHER
13. NAME: Robert S. Holman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph. Co. Mo.

MOTHER
15. MAIDEN NAME: Laura Barns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph Co Mo

17. INFORMANT (ADDRESS): Robert E. Rice, Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE 2-17 1931

19. UNDERTAKER (ADDRESS): Frank Und Co, Poplar Bluff.

20. FILED Feb 18 1931 B J Clinis, 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 Rail Road motor car at hiway crossing where hiway 60 crosses Frisco Track 1½ miles East of Poplar Bluff was riding in automobile

Date of onset

Other contributory causes of importance: 206 M

206

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 while riding in automobile
Nature of injury mangled

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