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

Do not use this space.

9703

File No.
Registered No.

1. PLACE OF DEATH

County: Iron
Township: Iron
City: ~~Graniteville~~ (No. ..... St. ..... Ward)

Registration District No. 115-9
Primary Registration District No. 5-5-49

2. FULL NAME Henry Glenwood 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 ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

APR 23 1931

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	S

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 - 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	6	

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

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

PARENTS

10. NAME OF FATHER Roy Rice
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pilot Knob
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ethel Shows
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Graniteville
(STATE OR COUNTRY) Missouri

14. INFORMANT Roy Rice
(Address) Graniteville Mo

15. FILED 4-3, 1931 Mrs W A Townsend
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1931

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 26, 1931, that I last saw him alive on March 26, 1931, and that death occurred, on the date stated above, at 1:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia - following measles.
(duration) ..... yrs. ..... mos. 6 ds.
CONTRIBUTORY (SECONDARY) Measles, Bronchitis
(duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Physical Exam
(Signed) E J Harness, M. D.
, 19 (Address) Bellevue

*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
Middle Brook	Apr 1st 1931
20. UNDERTAKER	**ADDRESS**
White & Son	Ironton