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

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.

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

Do not use this space.

14365

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1883
City K.C. Mo. (No. 3002 E-60th St. Ward)

2. FULL NAME Howard B. Rice
(a) Residence. No. 3002-E-60th St., 16 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: M.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie L. Rice

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22-1894

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|
| 36 | 5 | 29 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Street R.W. 113
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Claremore
(STATE OR COUNTRY) Oklahoma

PARENTS
10. NAME OF FATHER Wm. B. Rice
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Owensville
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Bertha Nikirk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pekin
(STATE OR COUNTRY) Illinois

14. INFORMANT Nettie L. Rice
(Address) 3002-E-60th st.

15. FILED 4/22, 1931 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 21 1931

17. I HEREBY CERTIFY, That I attended deceased from April 14th, 1931, to Apr 20th, 1931, that I last saw him alive on April 20, 1931, and that death occurred, on the date stated above, at 2:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy
131
25 (duration) 5 yrs. X mos. X ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 3 yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X X X
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Spinal Analysis & General Symptoms
(Signed) H. C. King D.C., M.D.
4/22, 1931 (Address) 1802 East 39 St.

*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: Memorial pk — DATE OF BURIAL: 4.23 1931

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

Dr. King
3902 Woodland