

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

Do not use this space.

**1. PLACE OF DEATH**

County Clay Registration District No. 201  
Township 1st Primary Registration District No. 4121  
City Missouri City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **80823**  
Registered No. 77

**2. FULL NAME**

(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.

**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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter C. Rice</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3-1854</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>2 yrs</u>		11. Total time (years) spent in this occupation. <u>60</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri City, Mo.</u>				
MOTHER	13. NAME <u>David Lynch</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
	15. MAIDEN NAME <u>Nancy Turner</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>				
17. INFORMANT (ADDRESS) <u>Peter C. Rice Missouri City Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri City Mo</u> DATE <u>9/1/31</u>				
19. UNDERTAKER (ADDRESS) <u>O'neil-McGee Co. Mo</u>				
20. FILED <u>10/1/31</u> 19 <u>31</u> <u>W. T. Woodson</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 - 1931

22. I HEREBY CERTIFY That I attended deceased from Aug-26 1931 to Sept-7 1931.  
I last saw him alive on Sept-5 1931. Death is said to have occurred on the date stated above, 7:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
2nd A. 2nd D.  
24 1/2 2 1/2

Date of onset 9-27 1931

Other contributory causes of importance:  
Bordering on Insanity for 3 or 4 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) W. T. Woodson, M. D.  
(Address) Liberty, Clay County Mo

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.

OCT 28 1931

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