

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

Do not use this space.
32253 3780

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Raw Primary Registration District No. _____
City Kansas City (No. General Hospital)

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

2. FULL NAME Infant Rice

(a) Residence, No. 1631 Lee St. 12 Ward _____

(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>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-7-32</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, ... hrs. or ... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</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)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Edwin Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Edna Sickler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Edwin Rice

(ADDRESS) 1631 Lee

18. BURIAL, CREMATION, OR REMOVAL none given

PLACE DATE Oct. 7, 1932

19. UNDERTAKER W. H. Blackman

(ADDRESS) 7825 Ruth Blvd

20. FILED 10/8 32 M. M. Croyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1932 to 10-7, 1932

I last saw her alive on 10-7, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity 14 hours Date of onset

159 157

Other contributory causes of importance:

Name of operation none 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 P. C. Williams

(Signed) _____ M. D.

(Address) Sup. Tel. Co. 1414 p. Tech

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.

