

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

Do not use this space.

85

85

38488

1. PLACE OF DEATH

County Beuharion
Township
City St Joseph

Registration District No.
Primary Registration District No. 1001
(No. State Hospital # 2)

File No. 1203
Registered No. 1203
St. _____ Ward _____

2. FULL NAME

John Rice
(a) Residence, No. St Joseph Mo St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1868
7. AGE YEARS 64 MONTHS 4 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer
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) Harrison Co., Missouri
13. NAME Jasper Newton Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jessie Dell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT Long Simpson (ADDRESS) St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 12, 1932

19. UNDERTAKER Johnson Funeral Home (ADDRESS) St Joseph Missouri
20. FILED 12-12 19 32 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9th, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1932 to Dec 9th, 1932
I last saw him alive on Dec 9th, 1932 Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia
107A
67B/107A
Other contributory causes of importance:
Huntington's Chorea D
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? No
If so, specify _____

(Signed) J. R. Bunch, M. D.
(Address) State Hosp # 2

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.

JAN 21 1933

MARGIN RESERVED FOR BINDING

V. O. NO. 2

