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

Do not use this space.

File No. 22757

Registered No.

1. PLACE OF DEATH
35 County Dunklin
Township Fairlawn
City Clarkton (No. ..... St. ..... Ward)

Registration District No. 284
Primary Registration District No. 5403

2. FULL NAME Annie G. 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.

AUG 22 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Geo. P. Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 1-1870

7. AGE: Years 62 | Months 10 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Centralia Ill

FATHER
13. NAME: Joseph Gibson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

MOTHER
15. MAIDEN NAME: D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

17. INFORMANT (ADDRESS): A. V. Rice Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stanfield DATE: 8/2 1933

19. UNDERTAKER (ADDRESS): W. N. Irby Kennett Mo

20. FILED 8-1 1933 J. B. Steimmel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1933, to July 31st 1933
I last saw him alive on July 31st 1933. Death is said to have occurred on the date stated above, at 12 m. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
95C	

Other contributory causes of importance: .....

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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. B. Steimmel, M. D.
(Address) Clarkton Mo.