

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

Do not use this space.

22930

1. PLACE OF DEATH

County Harrison
Township Bherman
City (No.)

Registration District No. 334
Primary Registration District No. 5466

File No. 740
Registered No.
St. Ward)

2. FULL NAME

Lawrence Eugene 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 6 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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 1

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

13. NAME Oral Rice

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

15. MAIDEN NAME Oreva Lucile Lawrence

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

17. INFORMANT Oral Rice
(ADDRESS) Bethany, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cemetery DATE July 10, 1933

19. UNDERTAKER Rogers' Mort. Co
(ADDRESS) Ridgeway Mo

20. FILED 7/10 19 33 J. J. Harrison
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to July 9, 1933

I last saw him alive on July 8, 1933 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Diphtheria Date of onset June 5, 1933
10
43R 10
Other contributory causes of importance: acute myocardia June 10, 1933

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?
If so, specify

(Signed) A. L. Weisberg, M. D.
(Address) Bethany, 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.

JUL 22 1933

