WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 4 1934

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

Do not use this space.

36355

File No.

Registered No. 357

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. 910 No. River Blvd St. Ward)

Registration District No. 398
Primary Registration District No. 3019

2. FULL NAME Herbert Charles Rice

(a) Residence, No. 910 No. River St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31, 1881.

7. AGE: Years 52 Months 2 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

FATHER
13. NAME William Luther Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER
15. MAIDEN NAME Hattie E. Fox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Center Kansas

17. INFORMANT (ADDRESS) Marie Rice 910 North River Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka Kansas DATE Nov 6 1933

19. UNDERTAKER (ADDRESS) Garvey Funeral Home Independence Mo

20. FILED Nov. 6 1933 Dr. J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1933

22. I HEREBY CERTIFY That I attended deceased from ....., 19.... to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Angina Pectoris	
94 A	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) [illegible], M. D.
(Address) 803 Fee Fee St, Kan.