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.

AUG 14 1934

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

Do not use this space.

File No. 23309

Registered No. 816

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. Woodland Hote, 3rd. & Jule Sts. St. Ward)

2. FULL NAME: Merritt J. Rice

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

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Chlora Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July, 31, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	47	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retail Druggist

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): Hickory, Mo.

FATHER

13. NAME: Jerome D. Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Falls, Mass.

MOTHER

15. MAIDEN NAME: Amanda Simms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Mo.

17. INFORMANT (ADDRESS): Mrs. Chlora Rice, 1521 Edmond St.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Shelburn Cemetery DATE: July, 19, 1934

19. UNDERTAKER (ADDRESS): Walter McCullough, 1302 Fareon St. St. Joseph, Mo.

20. FILED 7-18-, 19 34 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July, 17, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 17, 1934, to July, 17, 1934

I last saw him alive on July, 17 1934, 19 Death is said to have occurred on the date stated above, at 7.30 P.M.

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

Heat Exhaustion — Date of onset: July, 16, 34

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Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Physical 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. Elliott, M. D.

(Address) 824 Edmond St. St. Joseph, Mo.