

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

Do not use this space.

**1. PLACE OF DEATH**

County Franklin  
Township Meramec  
City Stanton (No.           )

Registration District No. 295  
Primary Registration District No. 5412

File No. 24026  
Registered No.             
St.            Ward           

**2. FULL NAME**

(a) Residence, No. Stanton - mo Ward             
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs.            mos.            ds. How long in U. S., if of foreign birth?            yrs.            mos.            ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OF RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Rice</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26, 1876</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>          </u>
	DAYS <u>23</u>	If LESS than 1 day, <u>          </u> hrs. or <u>          </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>          </u>	
	10. Date deceased last worked at this occupation (month and year) <u>          </u>	
11. Total time (years) spent in this occupation <u>          </u>		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barton Texas</u>	
	13. NAME <u>unknown</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Henry Rice</u> (ADDRESS) <u>Stanton, mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buffalo Camp, Mo</u> DATE <u>July 21, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. P. Shaffer</u> <u>Stanton, Mo</u>		
20. FILED <u>7/21</u> 19 <u>34</u> <u>          </u> Registrar		

**21. MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY that I attended deceased from July 6, 1934 to July 6, 1934.  
I last saw him alive on July 6, 1934. Death is said to have occurred on the date stated above, at 12:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Tuber. Dominis  
90  
93C  
700  
Other contributory causes of importance:  
Myocarditis Chronic  
Date of onset 1924

Name of operation Clind Date of             
What test confirmed diagnosis?            (Was there an autopsy?) 16

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) W. H. Overman, M. D.  
(Address) Stanton, 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.

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