

DEC 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. ClairRegistration District No. 1037Township JacksonPrimary Registration District No. 6012City Osceola (No. _____)

St. _____ Ward _____

File No. 40500

Registered No. _____

2. FULL NAME Wm Franklin Brice(a) Residence, No. Osceola St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 18897. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
45 10 21 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

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) Kiddes Mo.13. NAME Jury Brice14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osceola15. MAIDEN NAME Parthena Martin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Grace Brice (ADDRESS) Osceola Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kiddes DATE Nov 30 193419. UNDERTAKER J. R. Luckey (ADDRESS) Whitehall and20. FILED Dec 5 1934 Mrs. W. F. Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 193422. I HEREBY CERTIFY, That I attended deceased from Sept 10 1934 to Nov 28 1934I last saw him alive on Nov 19 1934. Death is saidto have occurred on the date stated above, at 9 a.m.

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

Date of onset

Myocardial infarction
due to
atherosclerosis

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? _____
If so, specify _____(Signed) W. F. Hudson, M. D.
(Address) Osceola Mo.

WHITE PLAINLY, WITH CAPADING 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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