

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.

JAN 5 1935

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

Do not use this space.

42366

1. PLACE OF DEATH

County Clinton

Registration District No. 207

File No. 21

Township

Primary Registration District No. 14125

Registered No. 37

City Clinton Mo. (No. ....)

St. .... Ward)

2. FULL NAME George Miles 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 25 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65 10 22

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

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) Kentucky

13. NAME William Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Leo Stamps (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo. DATE 12-4 1934

19. UNDERTAKER Wilson J. Frazier (ADDRESS) Clinton Mo.

20. FILED 12/4 1934 O. W. Chastain Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1934 to Dec 3 1934

I last saw him alive on Dec-2 1934 Death is said to have occurred on the date stated above, at 2:00 a.m.

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

Arteriosclerosis + acute  
coronary  
myocarditis  
92%  
91%  
77%  
 Other contributory causes of importance:  
Arteriosclerosis

Date of onset  
Nov 22  
1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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) P. M. Steckman M. D. (Address) Clinton Mo.

