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.

MAY 24 1935

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

Do not use this space.

13144

File No. 1847

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kan — Primary Registration District No.

City Kansas city (No. 801 W - 40 + W St. Ward)

2. FULL NAME James L Rice

(a) Residence, No. 801 W - 40 + W St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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: Mary E Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May - 27 - 1865

7. AGE: YEARS 69 — MONTHS 11 — 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.: Contractor &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Builder
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): Wellington Mo

FATHER

13. NAME: John M Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wellington Mo

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): O. Lee Rice 4735 Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo DATE Apr - 1st 1935

19. UNDERTAKER (ADDRESS): W. Newcomer's Sons Kansas city - Mo.

20. FILED 5-1 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr - 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Deputy Chair 19.. to ....., 19..
I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

93 C

Other contributory causes of importance:

Co

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy ..... 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) [signature], M. D.

(Address) [signature]