

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.

OCT 22 1935

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

Do not use this space.

29545

1. PLACE OF DEATH

County Jackson
Township Waver
City Waver, Mo. (No. 3338)

Registration District No. 388

Primary Registration District No. 28

File No. _____
Registered No. 29545
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3238 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Sarah Rice</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 1868</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>10</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Police Dep</u>
	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)
Ill

13. NAME Eva S. Rice

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

15. MAIDEN NAME Charolett A. Sopham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
New York

17. INFORMANT Mr. Walter V. Rice

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellsworth DATE Sept 13 1935

19. UNDERTAKER Mrs. C. L. Foster

20. FILED Sept 12 1935 M. M. Cronin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1935, to Sept 12, 1935
I last saw him alive on Sept 11, 1935. Death is said to have occurred on the date stated above, at 5:37 p.m.
The principal cause of death and related causes of importance were as follows:
Generalized arteriosclerosis
Coronary thrombosis
Chronic hypertension
121

Other contributory causes of importance:
Myocardial infarction

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. & Lab. 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) W. C. Farley M. D.
(Address) 3126 Jefferson St.

Sanley

W-4098

W-9500

3126 Jefferson