

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.

JUL 21 1936

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

Answer Do not use this space.

1. PLACE OF DEATH

County Iron  
Township Acadia  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 391  
Primary Registration District No. 5246a

File No. 22712  
Registered No. 43  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Laura Rice

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William J. Rice.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1864.  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Washington Co., Mo.

13. NAME Marvin Mc Cabe.

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

15. MAIDEN NAME Delia Lore.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co., Mo.

17. INFORMANT Bertha Rice. (ADDRESS) Roselle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Co. DATE June 4, 1936

19. UNDERTAKER (ADDRESS) Norman White & Son

20. FILED June 4 1936 RC Parish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1936  
22. I HEREBY CERTIFY, That I attended deceased from March 28, 1935 to June 2, 1936  
I last saw her alive on May 16, 1936 Death is said to have occurred on the date stated above, at 6 P.M.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset ?  
Chronic Myocarditis 1/1/35  
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? NO  
If so, specify \_\_\_\_\_  
(Signed) G. J. Anson M. D.  
(Address) London, Mo

