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.

SEP 29 1936

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

Do not use this space.

File No. 31187

Registered No. 3986

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K. C. Mo (No. 815 Newton St. Ward)
Registration District No. 1002
Primary Registration District No.

2. FULL NAME: Walter Toole Rice

(a) Residence, No. 815 Newton 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 30 - 1860

7. AGE: Years 76 | Months 11 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Mo

FATHER
13. NAME: Hance Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT: Mrs. H. D. Clark
(ADDRESS) Toledo Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation DATE: Aug-28-36

19. UNDERTAKER: Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn Ave

20. FILED: 8-27 1936 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Aug 26, 1936
I last saw him alive on Aug 26, 1936, 19.... Death is said to have occurred on the date stated above, at 2.30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	

Other contributory causes of importance:
Myocardial Failure

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) Paul A. Johnson, M. D.
(Address) 920 Neff

Be - 2572