

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

Do not use this space.

1. PLACE OF DEATH

County **BUCHANAN**
Township **WASHINGTON**
City **ST. JOSEPH,** (No. **2404 FELIX STREET,**

Registration District No. **85**
Primary Registration District No. **1001**

File No. **43873**
Registered No. **1569**
St. _____ Ward _____

2. FULL NAME RUAN RITCHIE RICE,

(a) Residence, No. 2404 FELIX STREET, St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. mos. ds. **MOST OF HER LIFE** (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE,	4. COLOR OR RACE WHITE,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW OF ELAM RICE				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 6, 1851				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	85	9	17	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE,			
	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) **AGENCY, MISSOURI**

FATHER 13. NAME **ROBERT H. FRANS**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

MOTHER 15. MAIDEN NAME **AMANDA J. MCCLAIN**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT **MRS. WALTER LADD,** City

18. BURIAL, CREMATION, OR REMOVAL PLACE **ASHLAND CEMETERY,** DATE **DEC. 24, 1936,**

19. UNDERTAKER **FLEEMAN & SON INC.** (ADDRESS) **1946 COLHOUN ST.**

20. FILED **12/24, 1936** *[Signature]* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **DEC. 23, 1936** . 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug 3, 1934** to **Dec 23, 1936**
I last saw her alive on **Dec 23, 1936** Death is said to have occurred on the date stated above, at **11:00 AM** . M.

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

Arterio Sclerosis
General
Chronic Endocarditis
Chronic Myocarditis
Chronic Bronchitis
Date of onset _____

Other contributory causes of importance:

Chronic Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? **Exam** 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) **E. M. Shores** M. D.
(Address) **317 Kirkpatrick Bldg**

St. Joseph Mo.

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.

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