APR 16 1937

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

Do not use this space.

11385

1. PLACE OF DEATH
County Calloway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 90
City Fulton (No. 4 St. Ward)

2. FULL NAME Frank D. Rice
(a) Residence, No. Marshall, Mo 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. 3 mos. 25 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: Mrs. Mae Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-23-1862

7. AGE: YEARS 74 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer?
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): Boone County, Mo.

FATHER
13. NAME: D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

MOTHER
15. MAIDEN NAME: D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

17. INFORMANT (ADDRESS): State Hosp. Records. Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Pleasant DATE 3/29 1937

19. UNDERTAKER (ADDRESS): Bruschn Funeral Home - Jefferson City Mo

20. FILED March 1937 D. Cryces Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1936 to March 27, 1937
I last saw h. 1 m. alive on March 27, 1937. Death is said to have occurred on the date stated above, at 6 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and myocardial degeneration	D.K.

Other contributory causes of importance: Senility

Name of operation None Date of
What test confirmed diagnosis? 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. A. Barnett, M. D.
(Address) Fulton, 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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