AUG 11 1937

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

Do not use this space.

26315

1. PLACE OF DEATH

County Jackson 2 1 Registration District No. 399 File No. [illegible]

Township Kaw Primary Registration District No. 1002 Registered No. [illegible]

City Kansas City, Mo. (No. 3448 East 6th St St. Ward)

2. FULL NAME Mrs. Bertha Emma Rice

(a) Residence, No. 3448 East 6th St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. B. Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
4 35	68	7	8	

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) Ill 2

FATHER

13. NAME Jas. Nikirk 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa 2

MOTHER

15. MAIDEN NAME Nancy Coleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT Wm. B. Rice
(ADDRESS) 3448 East 6th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE July 16-37

19. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED July 16, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1937, to 7/15, 1937

I last saw her alive on 7/15, 1937. Death is said to have occurred on the date stated above, at 9:05 AM m.

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

Bronchial Pneumonia — Date of onset 2 —

10 Ja

Other contributory causes of importance:

Acute Myo Carditis

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 1

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D R Russell, M. D.

(Address) 2231 E 11 St

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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