AUG 24 1937

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

Do not use this space.

27439

1. PLACE OF DEATH

County Jackson — Registration District No. 403 — File No.

Township Brooking — Primary Registration District No. 5557 — Registered No.

City Raytown (No. ..... St. ..... Ward)

2. FULL NAME Alice Ann Rice

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

Length of residence in city or town where death occurred 77 yrs. 10 mos. 5 ds. 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1859

7. AGE: YEARS 77 — MONTHS 10 — DAYS 5 — If LESS than 1 day, X hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
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 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raytown Missouri

FATHER

13. NAME Benjamin Lacey Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Jane Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Mabel Muir Raytown Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Rice Cemetery DATE July 3 — 1937

19. UNDERTAKER (ADDRESS) E. Clark Fegert Raytown Mo.

20. FILED 7/3 1937 D. M. Eubank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937, to June 23, 1937

I last saw her alive on June 23, 1937. Death is said to have occurred on the date stated above, at 1:30 A m.

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

Chronic myocarditis } unknown
Chronic nephritis }
with uraemia }

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Other contributory causes of importance:
Chronic Arteriosclerosis several years

Name of operation NONE Date of .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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) Arthur A. Hobbs, M. D.
(Address) 3321 E 30th St Kansas City Mo

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.

100M-2-28-35