OCT 20 1937

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

Do not use this space.

File No. 34434

Registered No. 314

1. PLACE OF DEATH
County Jackson
Township Blue
City ..... (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 5554

2. FULL NAME Martha Hortense Rice
(a) Residence, No. RFD #2 Powell Rd St., Indep. Mo. 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: Female
4. COLOR OR RACE: wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Rice
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 6 - 1855
7. AGE: YEARS 82 MONTHS 0 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Dayton, Ohio

FATHER
13. NAME John Gallagher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER
15. MAIDEN NAME Addline Layton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. H. W. McClelland
(ADDRESS) Independence Mo R F D #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DATE Sep 25 1937
19. UNDERTAKER Ott & Mitchell
(ADDRESS) Independence Mo.
20. FILED 9-25-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 23, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1937, to Sep 23, 1937
I last saw her alive on Sep 23 - 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver (chronic) — Date of onset 1925
10 yr
Other contributory causes of importance:
Chronic endocarditis about 1926
Terminal Lobar Pneumonia
Senility
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Symptoms 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) T. M. Rogers D.O., M. D.
(Address) Independence 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.