CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Caldwell,
Township Davis,
City Braymer,
Registration District No. 93
Primary Registration District No. 4055
File No. 37278
Registered No. 20
(No. ..... St. ..... Ward)

2. FULL NAME Martin Franklin Rice,
(a) Residence, No. ..... St., 1st.- Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. 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. [redacted], MARRIED, [redacted], OR [redacted] (write the word) Married,
5A. IF MARRIED, [redacted], OR [redacted] HUSBAND OF (OR) [redacted] OF Mrs. Florence Rice,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-20th-1861
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired,
10. Date deceased last worked at this occupation (month and year) May-1937
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell County, Missouri,

FATHER
13. NAME Ruben Rice,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Mary Smith,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Mrs. Florence Rice Braymer, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cemetery DATE Oct.-20-1937
19. UNDERTAKER (ADDRESS) E. P. Michael Braymer Mo.
20. FILED Oct 20 1937 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-18-1937
22. I HEREBY CERTIFY, That I attended deceased from July-10-1935, to Oct-18-1937
I last saw him alive on Oct-18-1937. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset
Other contributory causes of importance:
Arterio-Sclerosis
Name of operation None Date of None
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? No Date of injury None
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 None
(Signed) Ordinal B. Dooley, M. D.
(Address) Braymer Mo

1937-10-18
1861-4-28
76-5-28