

DEC 17 1937

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

Dr. J. B. Semmon
Do not use this space.
41333
File No. 1069
Registered No. 1069

1. PLACE OF DEATH

County Greene Registration District No. 318
Township S. 1st Primary Registration District No. 5440
City Springfield, Mo. No. 8 St. _____ Ward _____

2. FULL NAME

Chas. Richmond Rice
(a) Residence, No. _____ 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. 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1867

7. AGE YEARS 70 MONTHS 7 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Adair Co. Missouri

13. NAME UK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK

15. MAIDEN NAME Sarah UK

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

17. INFORMANT Mrs. Leticia Rice (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Nov 11 37

19. UNDERTAKER Elma Lammeyer (ADDRESS) Springfield Mo.

20. FILED Nov 11 1937 Chas. A. Seeger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/6/37, 1937, to 11/10/37, 1937

I last saw him alive on 11/9/37, 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Broncho-pneumonia Date of onset 11/5/37

Other contributory causes of importance: 107a

Name of operation _____ 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 _____, 1937

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) J. B. Semmon M. D.
(Address) Springfield, 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.

