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.

JAN 15 1938

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

Do not use this space.

2/1

1. PLACE OF DEATH

County Callaway — Registration District No. 104 — File No. 44915

14 Township Prairie — Primary Registration District No. 25165 — Registered No. 291

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lewis Ellen 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 18, 1855

7. AGE: YEARS 82 — MONTHS 0 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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): Missouri

FATHER

13. NAME: Lewis Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BK

MOTHER

15. MAIDEN NAME: Mary E Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BK

17. INFORMANT (ADDRESS): Maude Davidson, Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Boydsville, Mo DATE: Dec 13, 1937

19. UNDERTAKER (ADDRESS): Leo G. Wallace, Fulton, Mo.

20. FILED: 12/13/1937 R. N. Crews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from about July, 1935, to Dec 12, 1937

I last saw her alive on Dec 9, 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:

Arterio Sclerosis — Date of onset

Other contributory causes of importance:

97

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 .....

Nature of injury .....

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

If so, specify .....

(Signed) R. N. Crews, M. D.

(Address) Fulton Mo