

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

Do not use this space.

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1 2399

1. PLACE OF DEATH
 County Chautau Registration District No. 198
 Township Rubensals Primary Registration District No. 5246
 City (No. _____) St. _____ Ward _____

2. FULL NAME William Emerson Rice 200
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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) Feb 6 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
17 11 19

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

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) Lagonda

13. NAME Porter & Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lagonda Mo

15. MAIDEN NAME Ruth McGilly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galao Mo

17. INFORMANT (ADDRESS) Porter & Rice Lagonda Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rice County DATE Jan 25 1938

19. UNDERTAKER (ADDRESS) Geo M. Laughlin

20. FILED 2-2 1938 W. B. Ricketts Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1938, to Jan 25 1938
 I last saw him alive on Jan 25 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
 Date of onset Jan 19 1938

Other contributory causes of importance:
None

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? _____ 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) W. B. Ricketts, M. D.
 (Address) 166 West 1st St. Lagonda Mo

BUREAU OF VITAL STATISTICS
 CAUSE OF DEATH in plain terms should be stated EXACTLY. PHYSICIANS should state cause of death in plain terms. Exact statement of OCCUPATION is very important.

FEB 23 1938

