

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5741
 Township Kaw Primary Registration District No. 1002 Registered No. 807
 City Kansas City, Mo (No. 325 No Lawn) St. _____ Ward _____

2. FULL NAME Helena Ann Rice 200

(a) Residence, No. 325 No Lawn, Kansas City, Mo. Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Rice		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/22/1861		
7. AGE	YEARS 76	MONTHS 1
	DAYS 24	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired
	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) Ontario Canada		
FATHER	13. NAME William Holmes	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England	
MOTHER	15. MAIDEN NAME Elizabeth Shepard	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
17. INFORMANT Mrs. G. R. Thomson (ADDRESS) 325 No Lawn Kansas City Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE 12/18/38 19__		
19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606 Indep. Ave		
20. FILED 2/17 1938 M. M. Cronin Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 193822. I HEREBY CERTIFY, That I attended deceased from
February 15 1938 to February 16 1938I last saw her alive on February 15 1938. Death is said
to have occurred on the date stated above, at 8 A. m.

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

Bronchial Pneumonia Date of onset 2-8-38Pulmonary Embolism 930 Date of onset 2-16-38

Other contributory causes of importance:

Chronic Myocarditis ?Name of operation none Date of noneWhat 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 none(Signed) G. P. Ray M. D.(Address) 1007 Regyle Bldg.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

