

REC'D JUN 9 1938

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

Do not use this space.

19365

## 1. PLACE OF DEATH

County St. CharlesTownship GreenvilleCity Josephville

(No. \_\_\_\_\_)

Registration District No. 2500Primary Registration District No. 5700

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME Carol Ann 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. 1 mos. 26 ds.

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13 1938</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>1</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Mo.</u>			
	13. NAME <u>Herbert L. Rice</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenville Mo.</u>			
	15. MAIDEN NAME <u>Lanetta May Pitts</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticello Mo.</u>			
17. INFORMANT (ADDRESS) <u>Herbert L. Rice, Greenville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Josephville</u> DATE <u>5-12</u> 19 <u>38</u>				
19. UNDERTAKER (ADDRESS) <u>W. E. Pitts, Jr., Monticello, Mo.</u>				
20. FILED <u>3/10</u> <u>38</u> <u>Gertrude S. Foust</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9<sup>th</sup> 193822. I HEREBY CERTIFY, That I attended deceased from May 8<sup>th</sup> 1938 to May 9<sup>th</sup> 1938I last saw her alive on May 8<sup>th</sup> 1938. Death is saidto have occurred on the date stated above, at 2:30 A.M.

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

Broncho-PneumoniaDate of onset 5/4/38

Other contributory causes of importance:

Inooping cough

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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. E. Pitts, Jr., M. D.(Address) Monticello, Mo.

