

REC'D FEB 25 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County PettisRegistration District No. 668Township 1Primary Registration District No. 3832City Sedalia(No. 1202 W. Bway)File No. 8465Registered No. 38St. Mo.Ward 2. FULL NAME ARTHUR ERNEST RICE(a) Residence, No. 1202 WEST BWAY 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)

widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFLavinia S. Rice

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 4 1861

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.77 yrs.927

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

Retired 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)

1914

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wisconsin

## 13. NAME

Rice

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

Do not know

## 15. MAIDEN NAME

Do not know

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

Do not know

## 17. INFORMANT (ADDRESS)

Mr. Lou Swager

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton Mo.DATE 1/2

## 19. UNDERTAKER (ADDRESS)

Mrs. Laughlin Bros Sedalia Mo

## 20. FILED

Jan 2 1939Mrs. Harry Snelled

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 1 193922. I HEREBY CERTIFY That I attended deceased from Sept 1 1938 to Jan 1 1939I last saw him alive on Jan 1 1939 Death is saidto have occurred on the date stated above, at 630 m.

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

Coronary arteriosclerosis  
& stenosis  
94%

## Other contributory causes of importance:

Prostate enlargement

## 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

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) J. C. Mitchell M. D.  
Sedalia Mo.

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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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2/8/35

Ralph E. Baker

License # 2419 - Secular

Ralph E. Baker