

1939 APR 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10290

1. PLACE OF BIRTH
 County Callaway Registration District No. 104
 Township Walden Primary Registration District No. 3008
 City Fulton (No. _____) St. _____ (Ward) _____

2. FULL NAME William Thomas Rice
 (a) Residence, No. 4th St. 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 OF Frances Lynco Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>1</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Mo

13. NAME William Rice

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

15. MAIDEN NAME Susan Thomas

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

17. INFORMANT (ADDRESS) Mrs. Etta Payne
R # 6 Fulton

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Prairie Cem DATE Mar 8 - 39

19. UNDERTAKER (ADDRESS) Leo J Wallace
Fulton Mo

20. FILED Mar 8, 1939 R. N. Crews Registrar. 101

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-3-1939 to 3-7-1939
 I last saw him alive on 3-6-1939 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
complicated by
pneumonia
and bacterial infection
 Date of onset _____

Other contributory causes of importance: Typhoid (benign) type

Name of operation 121 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) W. O. Payne M. D.
R # 6 Fulton Mo (Address)

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.

