

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

Do not use this space.

37692

1. PLACE OF DEATH
 County W. Mo. Registration District No. 263 File No. 13
 Township West Plains Primary Registration District No. 5365 Registered No. 19
 City (No. City St. Ward)

2. FULL NAME George W. Dice
 (a) Residence. No. St. Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 81 yrs. 3 mos. 23 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Martha Jane Dice

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-28-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 - 1926

17. I HEREBY CERTIFY, That I attended deceased from 12:00 P.M., 1926, to noon, 21, 1926 that I last saw him alive on Dec. 15, 1926, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
10/10/26 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Cystitis
Since known (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) W. Mo. (STATE OR COUNTRY)

10. NAME OF FATHER John Dice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Conventon Ind. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Charles Stagg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) J. F. Hedrick, M. D.
3/22, 1926 (Address) J. F. Hedrick

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT W. S. Dice (Address) Weatherly, Mo.

15. 12/28/26 J. F. Hedrick REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Redman Cemetery DATE OF BURIAL 12/22 1926

20. UNDERTAKER J. Davis ADDRESS Maple, Mo.

N. E.—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.

JAN 21 1927

