WRITE 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.

JAN 19 1932

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

Do not use this space.

40238
40328

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 124 File No.
Township Byrd Primary Registration District No. 5179 Registered No. 46
City New Jackson (No. , St. Ward)

2. FULL NAME Sarah E. 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. 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 H. Rice
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1846
7. AGE: YEARS 85 MONTHS 6 DAYS 0 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping
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) Canton Ohio

FATHER
13. NAME William Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio U.S.A.

MOTHER
15. MAIDEN NAME Dempster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Al Rice
(ADDRESS) Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson Mo DATE Dec 5 1931

19. UNDERTAKER Cracraft & Miller
(ADDRESS) Jackson Mo.

20. FILED 12-5 1931 D. G. Seiber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Dec 3, 1931
I last saw her alive on Nov 24, 1931 Death is said to have occurred on the date stated above, at 3:35 p.m.
The principal cause of death and related causes of importance were as follows:

Senility — Date of onset: DK

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Other contributory causes of importance:
arteriosclerosis many years

Name of operation None Date of
What test confirmed diagnosis? symptoms 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?
If so, specify
(Signed) D. G. Seiber, M. D.
(Address) Jackson Mo