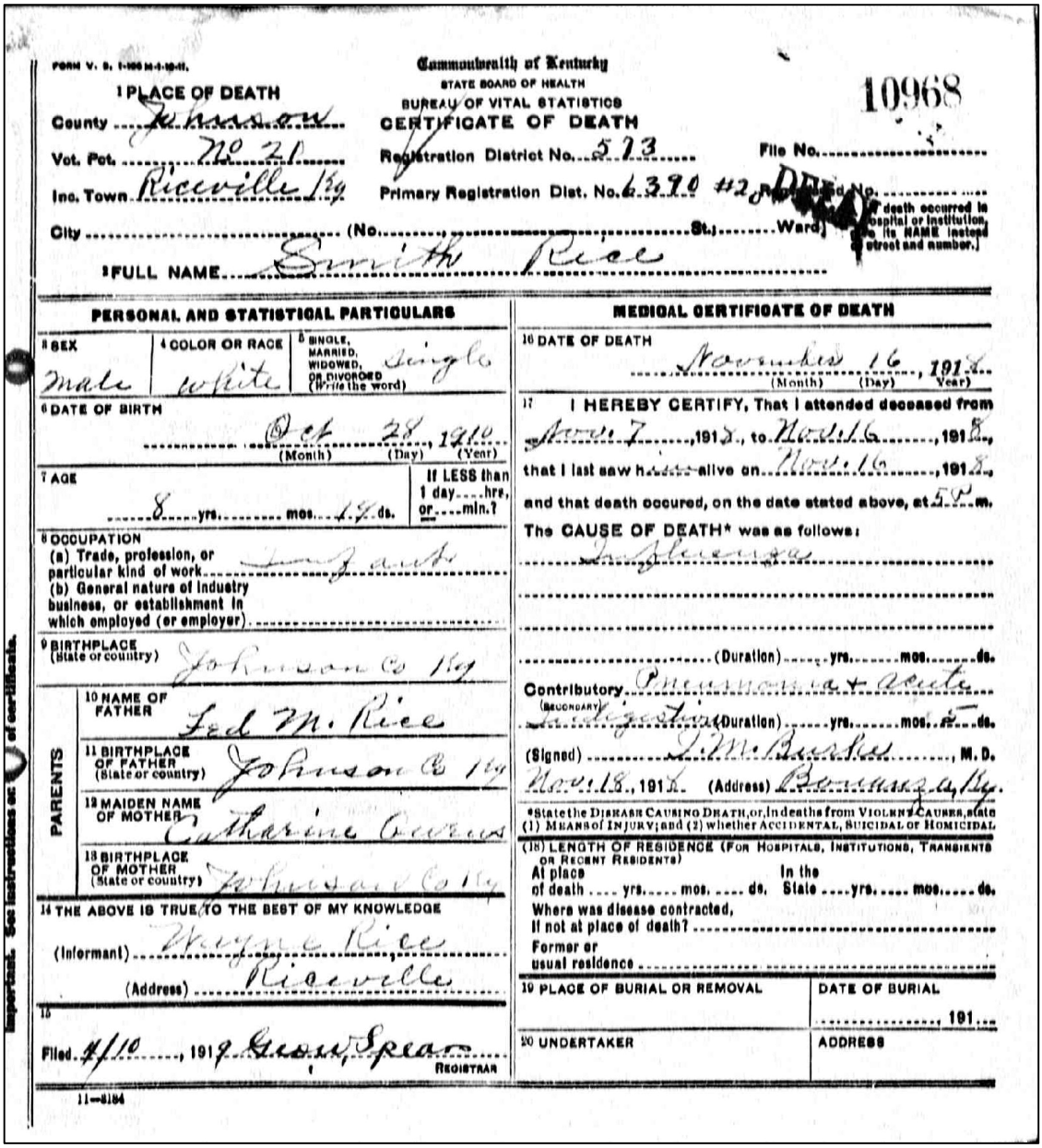

FORM V. S. 1-100 M-1-19-41.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10968

1 PLACE OF DEATH
County Johnson
Vot. Pct. No 21
Inc. Town Riceville Ky
Registration District No. 513
Primary Registration Dist. No. 6390 #2
File No.
Certificate No.
City (No. , St. , Ward)
(If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Smith Rice

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
6 DATE OF BIRTH: Oct 28, 1910 (Month) (Day) (Year)
7 AGE: 8 yrs. mos. 19 ds. If LESS than 1 day ... hrs, or ... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry business, or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Johnson Co Ky

PARENTS
10 NAME OF FATHER: Fed M. Rice
11 BIRTHPLACE OF FATHER (State or country): Johnson Co Ky
12 MAIDEN NAME OF MOTHER: Catharine Owens
13 BIRTHPLACE OF MOTHER (State or country): Johnson Co Ky

14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE
(Informant) Wayne Rice
(Address) Riceville
15
Filed 4/10, 1919 Grace Spears
REGISTRAR

11—8184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 16, 1918 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1918, to Nov. 16, 1918,
that I last saw h... alive on Nov. 16, 1918,
and that death occured, on the date stated above, at 5 P m.
The CAUSE OF DEATH* was as follows:
Influenza
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Pneumonia + Acute
(Duration) ... yrs. ... mos. 2 ds.
(Signed) J. M. Burkes, M. D.
Nov. 18, 1918 (Address) Barnaza, Ky.

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

(18) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ... 191...
20 UNDERTAKER | ADDRESS