

Barnes 17773

Form V. S. 2-20-10-4-10-10

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Christiana  
Vol. Bluff Springs Registration District No. ....  
Inc. Town ..... Primary Registration District No. 31  
City ..... No. .... St. .... Ward .....  
2 FULL NAME John Milton Rice

File No. ....  
Registered No. ....  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
4 COLOR OR RACE White  
5 MARRIAGE STATUS Widower  
6 DATE OF BIRTH Aug 17  
7 AGE 77 yrs. .... mos. .... ds.  
8 OCCUPATION Farmer

9 BIRTHPLACE (State or country) Mulenburg Co Ky  
10 NAME OF FATHER Moses Rice  
11 BIRTHPLACE OF FATHER (State or country) Kentucky  
12 MAIDEN NAME OF MOTHER Amanda Drake  
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) B. B. Rice  
(Address) Hopkinsville Ky

15 Filed 1923 Gu. Barnes Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 5 1923  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from June 24 1923, to July 4, 1923, that I last saw him live on July 4, 1923, and that death occurred on the date stated above at 4 P.M.

The CAUSE OF DEATH\* was as follows:  
Enterocolitis  
(Duration) .... yrs. .... mos. 12 ds.

Contributory (Secondary) .....  
(Duration) .... yrs. .... mos. .... ds.  
(Signed) Dr. G. L. Barnes M. D.  
7/6 1923 (Address) Carl Ky

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
at place of death .... yrs. .... mos. .... ds. State .... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL New Greenville Ky DATE OF BURIAL July 6, 1923  
20 UNDERTAKER Waller & Hart ADDRESS Hopkinsville Ky

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. EXPLANATION OF OCCUPATION is very important. See instructions on back of certificate.