

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

28908

File No. _____

Registered No. 94

1. PLACE OF DEATH
County Nicholas
Vol. No. Egal Union Registration District No. 1119
Inc. Town Salt Lick Primary Registration District No. 1196921
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William 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 Male 4. COLOR OR RACE White 5. MARRIAGE STATUS Widower
6a. If married, widowed, or divorced, name of (a) HUSBAND or (b) WIFE of Artie Pearl Powell Rice
6. DATE OF BIRTH Feb 9 - 1864
7. AGE Year _____ Month _____ Day _____ If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, or occupation, lawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, or office held, school, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 50 yrs.
12. BIRTHPLACE Bath Co. Ky
13. NAME John E. Rice
14. BIRTHPLACE Bath Co. Ky
15. MAIDEN NAME Louise Taylor
16. BIRTHPLACE Bath Co. Ky
17. INFORMANT W. M. C. B. H. Co. Ky
(Address) Carlisle Ky
18. BURIAL, CREMATION, OR REMOVAL
Place Gona Co. Ky Date Nov 26, 1924
19. UNDERTAKER P. Amey St. Crocker
(Address) Salt Lick Ky
20. FILED 12/1/24 At Virginia Reynolds
(City) (M.M.)

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Nov 26, 1924
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1924 to Nov 29, 1924
I last saw him alive on Nov 18, 1924; death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Hemorrhage of Brain Date of onset _____
Contributory causes of importance not related to principal cause:
Name of operation _____ 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) H. H. Bunker M. D.
(Address) Carlisle Ky

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully ascertained. 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. See instructions on back of certificate.