

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

PLACE OF DEATH  
County Lafayette  
Township Dorchester Registration District No. 459 File No. 38333#1  
or Confederate Primary Registration District No. 4773 Registered No. 41  
or Soldiers Home of Mo (NO. 562313 St. \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Chas Montgomery Comer

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Aug 9<sup>th</sup></u> 18 <u>24</u> (Month) (Day) (Year)		
AGE <u>87</u> yrs. <u>1</u> mos. <u>0</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Carpenter</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>S-O</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Garrison Co Va</u>		
PARENTS	NAME OF FATHER <u>Chas Comer</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) _____	
	MAIDEN NAME OF MOTHER <u>Sarah Powell</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6<sup>th</sup> 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 16, 1911, to Oct 6, 1911, that I last saw him alive on Oct 6, 1911, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH\* was as follows:  
Gangrene Penis

(Duration) \_\_\_\_\_ yrs. 2 mos. 15 ds.

Contributory \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. C. Mott M. D.  
Oct 6 1911 (Address) Higginsville

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R. H. Benton  
(ADDRESS) \_\_\_\_\_  
Filed Nov 6 1911 W. G. Hammond REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? at place of death

Former or usual residence Jefferson City

PLACE OF BURIAL OR REMOVAL Confederate Home Cemetery DATE OF BURIAL Dec 6 1911

UNDERTAKER W. H. Hader ADDRESS Higginsville Mo

This form is to be filled out by the physician or other person in charge of the death. It is to be filed in the office of the Registrar of the State Board of Health, St. Louis, Mo.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term, on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*; *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

County Lafayette  
 or  
 Township Dover  
 or  
 Village \_\_\_\_\_  
 or  
 City Confederate Soldiers Home of Mo.

Registration District No. 459 File No. 38333/  
 Primary Registration District No. 5623 Registered No. 41

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Chas Montgomery Comer.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single  
 DATE OF BIRTH Aug 9th, 1824  
 (Month) (Day) (Year)  
 AGE 87 yrs. 1 mos. 15 ds. IF LESS than 1 day, hrs. or min.  
 OCCUPATION (a) Trade, profession, or particular kind of work Carpenter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

DATE OF DEATH October 6, 1911  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from July 16, 1911, to Oct. 6, 1911,  
 that I last saw him alive on \_\_\_\_\_, 1911,  
 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH\* was as follows:  
Gangrene Senile  
 (Duration) \_\_\_\_\_ yrs. 2 mos. 15 ds.

BIRTHPLACE (City or town, State or foreign country) Grason Co. Va.  
 NAME OF FATHER Thos. Comer  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) \_\_\_\_\_  
 MAIDEN NAME OF MOTHER Sarah Powell  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) \_\_\_\_\_

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) W. C. Webb M. D.  
Oct 6, 1911 (Address) Higginsville

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted if not at place of death? at place of death  
 Former or usual residence Jefferson City

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) R. N. Benton  
 (ADDRESS) Higginsville Mo.  
 Filed Nov 6, 1911 W. C. Hader  
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Confederate Home Cem. DATE OF BURIAL Oct 6, 1911  
 UNDERTAKER A. N. Hader ADDRESS Higginsville

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