

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

30388

1. PLACE OF DEATH

County W. Webster Registration District No. 100 File No. 87
 Township Webster Grove Primary Registration District No. 100 Registered No. 87
 City Webster Grove (No. 215 N. Goreau) St. Mo. Ward 1

2. FULL NAME

Sarah Delight Comfort
 (a) Residence No. 215 N. Goreau St. Mo. Ward 1
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. - mos. 0 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 18 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 | 6 | 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at school
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Webster Grove
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Lawrence R. Comfort

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Dorothy A. Baxter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ashland
 (STATE OR COUNTRY) Missouri

14. INFORMANT Clarence R. Comfort
 (Address) 215 N. Goreau Ave Webster Grove

15. FILED 11/6/21 James C. [Signature]
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1921

17. I HEREBY CERTIFY, That at the request
 of the next of kin, —, to —, 19 —,
 that I last saw h. — alive on —, 19 —, and that
 death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accident
killed by truck
210 N. [unclear]
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) injury
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
 IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? NO DATE OF —
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Ralla Tracy, M. D.
 , 19 — (Address) —

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill DATE OF BURIAL Nov 6 1921

20. UNDERTAKER Parker and Co ADDRESS Webster Grove

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.

