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

Do not use this space.

12139

APR 3 1927

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township ~~Warrensburg.~~ — Primary Registration District No. 3023 — Registered No.

City Warrensburg. (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Nora DesCombes.

(a) Residence. No. 215. Clark St., 3rd Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. J. L. DesCombes.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24, 1869.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	6	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Calhoun. (STATE OR COUNTRY) MO.

PARENTS

10. NAME OF FATHER Sam'l H. Elliott.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. MO.

12. MAIDEN NAME OF MOTHER Carry Y. Clark.

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

14. INFORMANT Mr. J. L. DesCombes.
(Address) 215Cla rk. Warrensburg. MO.

15. FILED 4/9 1927 Wm R Patterson REGISTRAR

Friday

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8, 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 5; A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus

46

(duration) yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes No DATE OF Dec 1926

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Operative

(Signed) Wm E Johnson, M. D

Apr 8, 1927 (Address) Warrensburg MO

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sun Set Hill. Cem.	Apr. 10. 192

20. UNDERTAKER Sweeney-Gore-Phillips. ADDRESS Warrensburg. MO.

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.