

MAR 16 1928
192

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

Do not use this space.

4165

1. PLACE OF BIRTH

County Buchanan

Registration District No. 85

File No.

Township St. Joseph

Primary Registration District No. 1001

Registered No. 963

City St. Joseph (No. State Hospital No. 2.)

St. Ward)

2. FULL NAME

Hattie Combs

(a) Residence. No. St. Ward. Carrollton Mo.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 9 mos. -- da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 29th 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1928, to Feb 29th 1928, that I last saw him alive on Feb 29th 1928, and that death occurred, on the date stated above, at 2³⁰ P.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9, 1872

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 | 0 | 29

Chronic Myocarditis
93E
85 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

9. BIRTHPLACE (CITY OR TOWN) Carrollton
(STATE OR COUNTRY) Missouri.

18. WHERE WAS DISEASE CONTRAICTED? IF NOT AT PLACE OF DEATH

10. NAME OF FATHER James W. Combs.

9. DID AN OPERATION PRECEED DEATH? DATE OF ...

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Kentucky.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

12. MAIDEN NAME OF MOTHER Kate Newman.

20. UNDERTAKER

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

(Signed) Howard Gaylor, M. D.
2/29, 1928 (Address) State Hosp. # 2

14. INFORMANT State Hosp Record
(Address) St. Joseph 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.

15. FILED 1928
John G. Gith REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carrollton Missouri. DATE OF BURIAL Mar 3, 1928
ADDRESS 1862 Union

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.

