

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

Do not use this space.

8152

1. PLACE OF DEATH

County..... Carter
Township..... 11
City..... (No.) St. Ward.....

Registration District No. 142
Primary Registration District No. 5205

File No.
Registered No.

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1849. 4-10

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Waino Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jim Clark

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

12. MAIDEN NAME OF MOTHER Polly Blalock

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

14. INFORMANT Jos. M. Combs
(Address) Van Buren

15. FILED 3/20/1927 W. H. Kellum
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1927, to Mar. 19, 1928
that I last saw her alive on Mar. 18, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
74
(duration) yrs. mos. 2 da.

CONTRIBUTORY arterio sclerosis
(SECONDARY)

(duration) 10 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death?..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. H. Kellum, M. D.
, 19 (Address) Van Buren 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 Van Buren Cem. DATE OF BURIAL 3-20-1928

20. UNDERTAKER John Marchbank ADDRESS Van Buren 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.

