

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

Do not use this space.

30591

1. PLACE OF DEATH

County Jackson
 Township Kass
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002

File No. 6042
 Registered No. 80-12
 St. _____ Ward _____

2. FULL NAME

Warren E. Comstock
 (a) Residence No. 3331 Maryland St., 5 Ward.

(Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
69 | 4 | 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Advertising
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Marshall
 (STATE OR COUNTRY) Michigan

10. NAME OF FATHER Nicholas Comstock

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

12. MAIDEN NAME OF MOTHER Kathleen Connis

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

14. INFORMANT (Mrs. T. W. Hill Jr.)
 (Address) 427 Benton Blvd

15. FILED 9/18 28 Th. M. Crowe
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 - 1928

17. I HEREBY CERTIFY That I attended deceased from May 16, 1928, to Sept 17, 1928 that I last saw him alive on Sept 17, 1928, and that death occurred, on the date stated above, at 3:50 p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach -
WKA 1023
 (duration) 46 yrs. 6 mos. da.

CONTRIBUTORY arteriosclerosis, hyperuricemia
 (SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Flg p laboratory
 (Signed) Ronald J. Jones, M. D.
9/18 1928 (Address) 937 Kellie

*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 Elmwood Cemetery DATE OF BURIAL Sept 19 1928

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand

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.

PERMANENT RECORD

202 06 0 10000

Sta 1612

937 Rivier Bldg.