20 1928

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

Do not use this space.

32849

1. PLACE OF DEATH
County Buchanan — Registration District No. 86 — File No. 73
Township Washington, — Primary Registration District No. 5127 — Registered No.
City (No. 1 Mile No. of St. Joseph, Rochester Road St. Ward)

2. FULL NAME James Henry Combs,
(a) Residence. No. 1 M. No. Rochester Road St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 31 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)
Male	White	Widowed,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Combs,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	11	11	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

PARENTS
10. NAME OF FATHER Jason C. Combs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Hannah Foster,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Miss Bess Combs
(Address) R.F.D.# 3, St. Joseph, Mo.

15. FILED Oct 4 1928, 19 J. J. Sundlach Registrar

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928, to Oct. 1, 1928, that I last saw him alive on Oct. 1, 1928, and that death occurred, on the date stated above, at 2:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
137
Unknown (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Prostatic
hypertrophy obstructive (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas. F. Byrne, M. D.
Oct 3, 1928 (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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL King Hill Cemetery — DATE OF BURIAL Oct. 4th, 1928

20. UNDERTAKER Heaton-Bakole & Bowman by Jess Hoole — ADDRESS St. Joseph, Mo. Funeral Home

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.

WRITE PLAINLY, WITH UNFADING INK.