

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

Do not use this space.

36517²
7A

1. PLACE OF DEATH

County Denton

Registration District No. 271

Township Waller

Primary Registration District No. 0318

City Salisbury, Mo. (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

William Oscar Bombrake

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Jennie Malesworth.

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

Mar. 12 - 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

74

9

11

8. OCCUPATION OF DECEASED

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

Farm

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Marion Co.

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

Henry D. Bombrake.

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Melba Neet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT (Address)

A. B. Bombrake
Salisbury, Mo.

FILED 1928

19

F. W. Carney

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1928

17.

I HEREBY CERTIFY That I attended deceased from Sept 11 1928 to Nov 22 1928 that I last saw him alive on Nov 22 1928, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
51C

93C

CONTRIBUTORY (SECONDARY)

Carcinoma of Prostate.
1 or more

18. WHERE WAS DISEASE CONTRACTED

44 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Clayton H. Hunt, M. D.
19 _____ (Address) Salisbury, 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

Grave Cemetery

11/24 1928

20. UNDERTAKER

Paul R. Spence

ADDRESS

Salisbury, 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.

WHILE LIVING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

