27 1928

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

Do not use this space.

36716

1. PLACE OF DEATH

County Holt — Registration District No. 369 — File No.

Township Union — Primary Registration District No. 5515 — Registered No. 14

City ~~Craig~~ (No. ..... St. ..... Ward)

2. FULL NAME Jonas S. Comer

(a) Residence. No. ..... St., ... Ward. Mound City Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Dora Emma Comer.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	7	7	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Page County Virginia

PARENTS

10. NAME OF FATHER Solomon Comer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virg.
12. MAIDEN NAME OF MOTHER Polly Groves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virg

14. INFORMANT Chas. Taylor
(Address) Craig Mo.

15. FILED 11-9-1928 J. M. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 9 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct - 20 - 1928, to Nov - 9 - 1928, that I last saw him alive on Nov - 8 - 1928, and that death occurred, on the date stated above, at 12:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria Sclerosis 131

129A

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) 3 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) J. M. Davis, M. D
11/10-, 1928 (Address) Craig 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: Benton Cemetry — DATE OF BURIAL: 11/10 1928

20. UNDERTAKER: H. H. Crawford — ADDRESS: Mound City

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.